

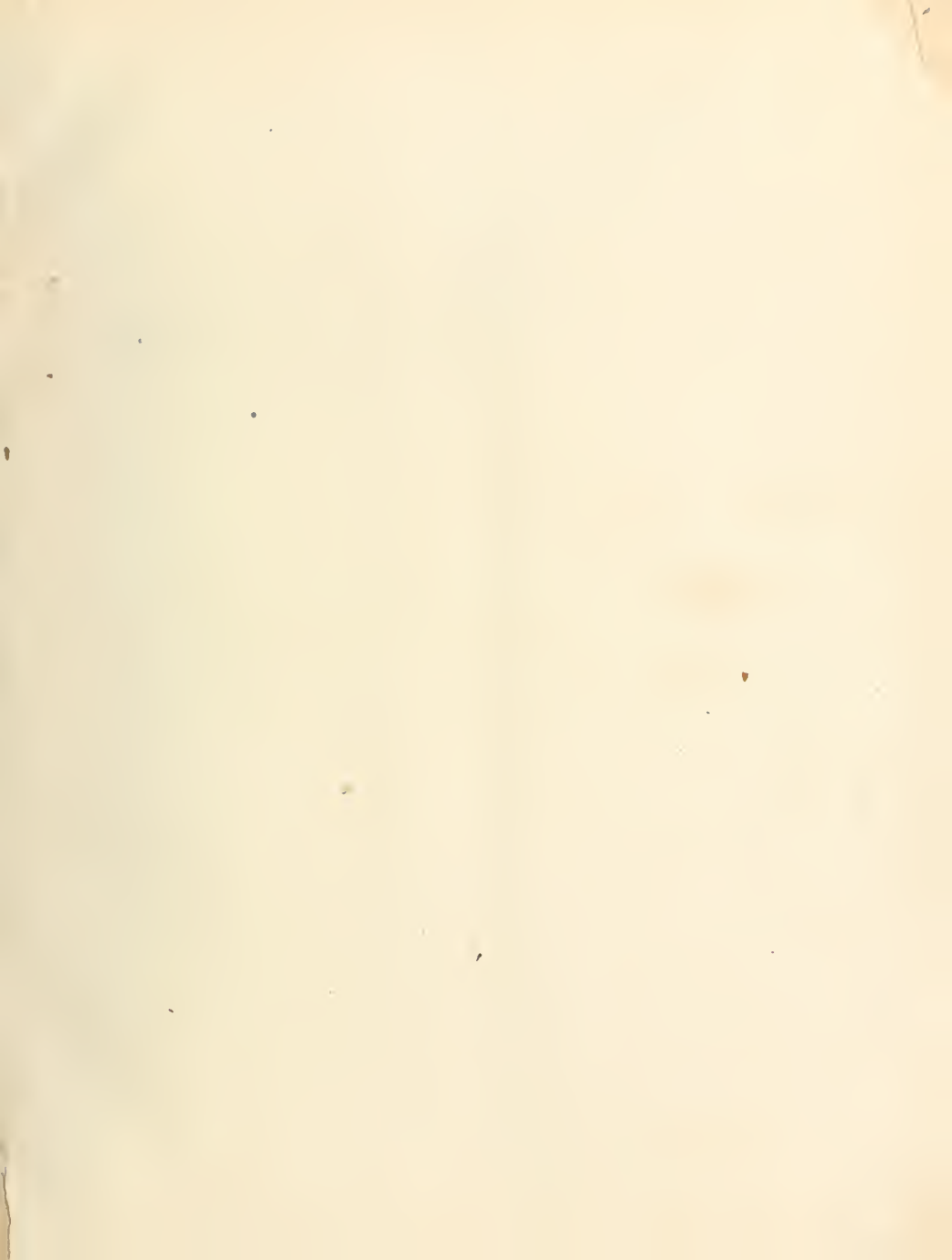


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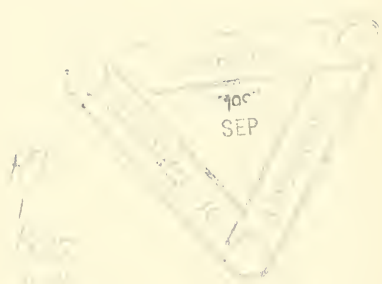


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# THE BRITISH JOURNAL OF NURSING

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XLIV.

## Editorial.

### THE ELECTION AND NATIONAL HEALTH.

With the beginning of the New Year the country is on the eve of a general election, and soon the struggle will begin at the polls. At such a time every member of the community, enfranchised and unenfranchised, has a duty to perform, a duty which takes the voters to the poll, the rest of the nation being restricted to using an undefined "influence," a limitation which places it at a very unfair disadvantage.

The trained nurses of the country, unfortunately, belong to the latter class; it behoves them, therefore, to see how best they can use their influence so that the members returned to Parliament may be those who realise the importance of supporting legislation for the benefit of the national health.

Most especially they are concerned in legislation in regard to the organisation of nursing. It is not in the public interest, and it is prejudicial to the public health and safety, that there should be no law on the statute book controlling a body of workers so essential to the community as the trained nurses of this country, estimated as numbering at least 50,000 workers.

The medical practitioner, the chemist, the midwife, all have to show that they have attained a definite standard of professional knowledge before they can lay claim to these respective titles. But while this is enjoined on the doctor who directs the treatment of the patient, and the chemist who compounds the medicine which he prescribes, there is no such obligation on the nurse who carries out such treatment and administers the medicine ordered; who is in sole charge of the patient between the visits of the medical attendant, and on whose skill and devotion, or lack of them, the balance of life and death often turns. In the case of

the nurse, the public admit freely to their houses, in the most confidential relations, women whose claim to the title of trained nurse will not bear investigation, and whose probity not unfrequently rests on a basis as flimsy. They further pay this unskilled person the fees asked by a skilled worker. We hope that in every constituency trained nurses will make a point of bringing before the candidates for election, both personally and through any other channels which may be open to them—husbands, brothers, friends and patients—the need for legislation by which nursing education may be systematised, and powers be granted to the nursing profession to differentiate between those who have and have not attained a definite standard of proficiency, and to exercise the same discipline within its ranks as has been found necessary for the good government and honour of other professions.

We hope that no member who is returned to Parliament will be able to say that the important question of the Registration of Nurses has not been brought to his notice during the coming elections. In every constituency it should be prominently brought forward by nurses, medical practitioners, and members of the public, for it vitally concerns them all.

In years to come, when they have the power of the vote, nurses who come so intimately into contact with the evils of overcrowding, and of defective sanitation, whose duty it is, under medical officers, to look after the health and cleanliness of school children, and many other matters affecting the public health, will no doubt use it as an effective lever in obtaining the reform of unhygienic conditions which their work discloses to them. They should thus become a powerful factor in drawing attention to conditions which need remedying, and so in raising the standard of the national health.

## Medical Matters.

### DIRTY HANDS.

#### THE DANGERS OF COLON BACILLI.

Dr. R. G. Eccles, of Brooklyn, New York, writing in *The Dietetic and Hygienic Gazette* on the subject of Dirty Hands, says that there is no act of life so dangerous to others as carelessness concerning the condition of our hands. There is nothing that so deserves popular reprobation as failure to wash the hands when such washing is shown by scientific research to be a sacred duty. We cannot call that murder which lacks intent to kill, but so near to murder is it that, with increased public knowledge, the time is sure to come when dirty-handed people will have to endure an opprobrium that will make them skulk in shame or hide in fear. The writer proceeds to point out that what is meant by dirty hands by the average layman is not the same thing as that referred to by him. Mud and soil, dust and ashes, paint and varnish are, in the eyes of science, *clean dirt*. The "great unwashed" revel in such dirt, and, the moral effect being excluded, no harm comes to them from it. But—and the crux of the difference between their meaning of "dirty hands" and ours lies in this—this dirt of theirs, by being an index of careless habits, becomes a visible index of the invisible dirt that is deadly. People who are willing to tolerate the visible dirt are pretty sure to be none too careful concerning the dangerous dirt. The two kinds get blended.

Professor Sedgwick, in his "Principles of Sanitary Science," tells us that the word "dirt" appears to be derived from an old Saxon word 'drit,' meaning excrement," and that "dirt is not dangerous because it is of the earth earthy, but because it is too often 'drit,' or excrement." It is the unseen "drit" that plays the mischief with human life, because it is alive and can multiply indefinitely. Once this is realised, every one must admit the obligation of thoroughly washing the hands after the daily evacuations.

The chief unintentional crime of our age—if we can call that which is unconscious and unintentional a crime—is dirty hands. Its criminality lies in the fact that it destroys human life—not occasionally, but daily and hourly in every land upon our globe.

Nature makes no allowance for ignorance, and her sentences are never mitigated in the slightest whether offences are committed by prince or peasant, university professor or street arab. If we eat polluted bread or drink polluted milk neither piety nor disbelief in the danger from such eating is going to save us from the inevitable sickness and death that

follow such conduct. . . . If our hands are dirty with unnameable dirt, though we may not personally be "disease carriers," yet we should be deemed responsible because of the risk we bring upon others. The danger is there, and it is every man's duty to do all in his power to minimise it. He who, by his unspeakably disgusting habits, kills his dearest friends, sends into eternity his own children, delivers to the reaper, Death, his own wife, sister, or parent, should be taught forcibly, it need be—when and how to wash his hands, in order to put an end to such wholly avoidable tragedies. But it is not men only that are thus guilty. Statistics have shown that women slay in this way more victims than men. Of the destruction wrought by unclean hands in the one disease—typhoid fever—the Editor of the *Journal of the American Medical Association* tells us that "All the striking cases in the literature are cooks or cooks' helpers, bakers, dairy workers, etc., occupations involving the constant handling of substances which are excellent culture media for the typhoid bacillus." That this single disease is not the only one carried on dirty hands can be seen from the following words of Dr. Simon Flexner: "Perhaps the chief single compelling phenomena is that of the microbe carrier. . . ." The evil wrought by the microbe carrier does not end with the typhoid bacillus. He has been found to disseminate typhoid fever, dysentery, plague, cholera, influenza, spinal meningitis and in certain localities a host of protozoan disease.

That the average citizen does actually fail to wash his hands when he should do so without fail is matter of proof. Bacteriologists have experimentally shown that after a dozen or so of average men and women have dipped their hands successively into a small font of water that the water swarms with colon bacilli. We soon begin to realise how almost impossible it is for us to keep our own hands clean as long as civility and custom makes it obligatory for us to shake hands with people whose habits of life are unknown to us. Hands that are able to pollute water by a mere touch cannot possibly be shaken without leaving behind evidences of unnameable dirt. These are the kind of hands that handle our bread, our meat, our fruit, our vegetables, our pastry, and our money. No one can picture to himself the naked truth of the situation without shrinking from it in intense disgust.

The important thing in this connection is the formation of habit. Once the habit of purifying the hands at the proper time is formed, all will recoil from failure to attend to so important a duty.



## The Nurse in Private Practice.\*

### THE NURSE'S POINT OF VIEW.

By Miss BEATRICE KENT.

I propose to treat the Nurse's point of view of Private Practice in three sub-divisions, namely:—

- (a) The Professional.
- (b) The Economic.
- (c) The Ethical.

First, then, the Professional.

I state that a private nurse must of necessity be a *trained* nurse, is an axiom, and a commonplace. But what is a trained nurse? In the present disorganised state of our Profession, it would not be easy to give a precise definition. In the absence of a universal standard, she is assumed to be, by expert judgment, a woman who has had three years' training in a general hospital of a recognised size; and that training consists usually of the theory and practice of medical and surgical work *alone*. The general training does not include fever work, nor does it include mental work, nor in the majority of cases, maternity or midwifery experience. If the nurse wishes to make a study of these branches, she must specialise, and go to separate institutions to acquire them. I wish to emphasise the importance of efficient training before I proceed to the subject proper, because I believe that the private nurse has need of it, even *more* than her hospital sister. I should like to see facilities afforded for every nurse being trained in every branch of nursing in one and the same hospital, which is the case, I believe, in the *Wilhelmina Hospital* in Amsterdam; the nurse has to be trained in all these branches before she is entitled to be called a *trained* nurse.

In consideration of these facts, one might well differentiate between a *trained* nurse and a *fully trained* nurse. We talk unthinkingly of both, and we mean the same thing; but when we have one standard instead of many, "trained nurse" and "fully trained nurse" will be synonymous terms.

Granted that the nurse has passed through the three years' with the utmost satisfaction to her Matron, and may be to herself and to her vocation ever so true, yet, as she stands on the threshold of private nursing, she is still *raw material*! and why?—because she has never had any experience in the most important of all branches, and which she is now about to take up; in a word, she has never *learnt* private nursing.

In my opinion, there should be a special

curriculum for private nurses, a higher and more advanced education, one that should embrace the ethical and psychological side of nursing. This, however, should not come at the end, as a kind of appendix, so to speak, of the practical training, but should be *woven together, as the warp and woof of the material*.

A clear line of demarcation must be drawn between the hospital nurse and the private nurse, because a totally different set of circumstances surround their lives and work. The hospital nurse is part of the machinery of the hospital—I make use of this expression advisedly—she helps to maintain the rhythmical measure of the great machine; she is, as it were, one of the rivets that hold it together; she has just her own special work to do, and no other, and that *always* under supervision. The private nurse has often the work of *several* people to do, and is never under supervision.

No officialism of any sort surrounds her life. Unlike the hospital nurse, there are no intermediaries between her and the sick; she is at once the nurse, the Sister, and the watchful observer in the absence of the physician and surgeon. It goes without saying, therefore, that her responsibility is great. The doctor in attendance spends a few minutes each day with the patient; he may live at a distance, if it is in the country he may live some miles away, perhaps beyond the reach of the telephone.

In his absence, in the case of urgency or emergency, the nurse, who in hospital would merely be required to appeal to those in higher office, would have to take the initiative and act upon the promptings of her own common-sense and resourcefulness, for there would be no one else. Of course emergencies don't arise every day, even in the country, but it is best to look upon the position of the private nurse in all its aspects. Many women who would be acquisitions in a hospital, would not make good private nurses; those who shirk responsibility and like to lean comfortably upon others, had better not join their ranks.

Assuming, as we must, that no woman is *trained* for private nursing, there are certain qualities and characteristics that she must possess, if she hopes to be successful. According to Professor Huxley, "the intellect of a person of education should be a clear cold engine, with all its parts of equal strength and in smooth working order."

That is exactly what is needed in a private nurse, in the professional aspect of her life—*calmness, self-reliance, resourcefulness*.

There are certain traps which beset the path of the private nurse, of which she would do well to beware. I should like to mention a few

\* Read at the International Congress of Nurses, London, July, 1909.

in particular. It is easier to be disloyal to the doctor in private nursing than it is in hospital. The patient and the patient's friends are so apt to ask you what you think of the doctor's treatment; do you approve of such treatment, is it what you have usually seen, etc. Now, I think very few nurses are intentionally disloyal, but they are sometimes taken unawares by the subtlety with which these questions are sometimes put. The wrong done by a nurse who falls into this error may be irreparable. Disloyalty to the doctor is a wrong done to him and to the patient by shaking his confidence, besides being a dishonour to one's profession. Doctors not only have a right to, but *deserve*, the loyalty of the nurse, because they themselves with few exceptions co-operate loyally with her, and show a generous spirit of free-masonry towards her. A certain amount of professionalism in a hospital is necessary, in order to maintain discipline, but that does not belong to the gentler art of private nursing, where it would be aggressive. *There* professionalism should be *felt* rather than seen; the nurse should be persuasive, not assertive. She goes to the house as a necessary invader, not as an invited guest. To some people, the thought of having a trained nurse in the house is by no means a welcome one; they fear she may "upset the house" and give trouble to the servants. If a nurse does this, it is quite inexcusable; she goes to save trouble, not to give it; she goes as the servant of the sick.

Before I proceed to the next subdivision of this subject, I should like to say a word upon the very important matter of the nurse's sleep. I do not consider that sufficient attention is given to this matter; it does not only concern the nurse, but very largely the patient, and therefore comes within the scope of this paper. There are still quite a number of people who appear to think that training to be a nurse creates in her a kind of metamorphosis, which enables her to do without sleep, or, at least, with much less than other people. The public must be made to understand that if the nurse is to do her duty conscientiously to her patient, she must also do her duty to herself in the matter of sleep. I contend that a worn-out nurse cannot do her duty to her patient. It is often the nurse's fault; she is too ready to attempt to forego sleep, and that has led people to suppose that she is a superhuman creature. I am speaking of when there is only one nurse. If the patient is so ill that he requires attention night and day, there should be a second nurse without any question. If the patient is sufficiently well to be able to do with only one nurse, he—or she—is also sufficiently well to allow her proper time for sleep. I believe the

general public are in total ignorance of the serious results accruing from this existing evil. In desperation nurses resort to drugs—they must get sleep somehow; some acquire the morphia habit, and even suicide is not unknown.

This difficulty belongs almost entirely to the private nurse; in hospitals proper provision is made for sufficient sleep for day and night nurses.

Some doctors give attention to this matter on behalf of the nurse, others are quite indifferent. I have no hesitation in saying that the difficulty of obtaining sufficient sleep—not always, but in very many cases—is the greatest trial of the private nurse.

(To be concluded.)

## International News.

### FROM JAPAN.

Miss L. L. Dock has received a characteristically charming letter from the Marquis Matsukata, the President of the Red Cross Society of Japan, in reply to the invitation of the Council to Miss Take Hagiwara to act as Hon. Vice-President for Japan, until such time as Japanese Nurses have a national organisation.

The Marquis Matsukata writes: "We can just imagine how successfully your conference was carried out, thereby, we have no doubt, resulting in affiliating more nurses of the world for the humane work. . . . With reference to your inquiry about the nomination of an Honorary Vice-President for Japan, allow me to state that not only have we no objection, but also Miss Take Hagiwara will be delighted to accept your invitation."

### FROM SWITZERLAND.

The newly organised Swiss Nurses' Association has the following objects:—

1. To unite in one Association all male and female nurses.
2. To raise the professional standards of nursing.

3. To promote the interests of nurses by the following means:—

- (a) The arrangement of nursing homes on a co-operative basis, with a view to improving the economic position of nurses.

- (b) To institute a uniform curriculum of instruction.

- (c) To institute a central examination.

- (d) To exclude morally inferior persons from the profession.

We congratulate the Swiss nurses on their comprehensive programme. We could do with it all in England.

## Practical Points.

**The Use of Pure Animal Wool in Medical and Surgical Work.** Mr. Norman Porritt, M.R.C.S., Consulting Surgeon to the Huddersfield Infirmary, contributes to the *British Medical Journal* an interesting article on the use

of pure animal wool in medical and surgical work, to which his attention was first drawn by a wool stapler, for whose child he had ordered a Gamgee jacket.

Mr. Porritt points out that cotton wool is not wool, but cotton, a purely vegetable fibre. The value of woollen garments in cold weather is well recognised, and in hot climates flannel is more comfortable than cotton, and is also used by athletes, who would find themselves encased in wet, cold, clinging garments while exerting themselves, and chafing when resting after exercise, if clothed in cotton. To put on a Gamgee jacket is to imitate a cricketer or athlete who clothes himself in cotton. The application and removal of the Gamgee jacket are the work of the nurse, and the ordering of it is all that comes within the province of the doctor. If the doctor could see a Gamgee jacket removed from the chest of a perspiring patient, who is perhaps taking diaphoretic medicine, he would find the inside of the jacket a wet, sopping mess. The cotton Gamgee prevents the transudation of vaporous perspiration, but animal wool allows the more ready escape of vaporous perspiration, whilst the comfort of the patient is infinitely greater.

Mr. Porritt also recommends the use of this wool for patients about to undergo major operations, as a means of diminishing shock. He says, "Although after the operation hot-water bottles outside and hot saline solution inside the patient promote the return of vitality and warmth, their use savours of shutting the stable door when the steed has gone, or, to be more precise, of putting into a body heat which ought not to have been allowed to escape from it. It is much more difficult to get warmth into a cold or chilled living body than to maintain the heat already there by means of warm wraps and non-conducting materials. We must remember also that in prolonged operations the long æsthesia lowers bodily temperature, and this should spur us to omit no precaution, however trivial, which will conserve the bodily heat of the mutilated patient. Operating tables with hot-water pads, to minimise shock, have been devised, but I have no experience of them, and I make bold to say that the use of animal wool goes far to make them unnecessary. The usual practice is to envelop the patient in a Gamgee jacket or suit, but animal wool is a heat retainer with which cotton Gamgee cannot compare, and when the lowering effects of the anaesthetic and the operation cease cold, clammy perspiration to exude, Gamgee tissue retains it, and then becomes something of a refrigerator."

In every abdominal or serious operation, Mr. Porritt envelops the patient in animal wool. It is also, he says, useful in other cases of shock, as in burns and bad smashes, where there is defective

vitality, as in immature babies and feeble old folks. It is best applied warm. The warmth is grateful to the patient, and any lingering damp is driven out of the wool. A suit of this wool is a great protection if worn for the first few critical days after the operation, and, if kept clean, is ready when sterilised for another case. It is more expensive than woolly cotton, but as it is not necessary to use so thick a layer, the difference is not so great as it appears. In private work the extra cost is not worth a moment's thought, whilst in hospital, if made into garments with flannel foundations, secured by buttons and tapes, the material can be used several times at less cost than the more perishable Gamgee tissue.

The wool is stocked by Messrs. Down Bros., under the name of "Thermo-laine" (heat wool).

*The Nurses' Journal of the Pacific Coast* gathers together no end of useful practical points. This is good. Of special value to the obstetrical nurse who attends to the baby's flannels herself is this receipt for washing wools of all kinds: To 1 quart of water add ¼ cake of "Ivory" soap and 1 tablespoonful of borax. Boil until soap is dissolved. Allow to cool, as this process is entirely cold. Use enough of this soap jelly to a basin of water to make a good lather and soak the flannels in it for twelve hours. Rinse in cold water.

"E. D. D." writes: While **To Save Pain.** I was caring for a patient suffering from thrombosis, the physician ordered the leg to be wrapped in cotton and bandaged. I found the process of unbandaging and rebandaging every day for the leg to be examined, very tiring and painful to the patient.

The wife suggested what I found to be an excellent plan. We took a piece of cheese cloth about five feet long and eight or nine inches wide and tacked the cotton evenly and securely on the inner side.

Raising the leg we enveloped the foot, pinning the cheese cloth in place with safety pin, and with about three turns wound it around the leg up to the hip to the great comfort and ease of the patient, who no longer dreaded the daily removal of the bandage.

This method could be used on patients suffering from inflammatory rheumatism or phlebitis.

**A Cute Queue.** Delirious, insane, and nervous patients so often pull their hair undone after it is braided, and if rather short it hangs round their faces to their great annoyance. I find that by taking a long piece of narrow ribbon or tape, doubling it and starting up near the head, braiding it down with the hair like a Chinaman does his queue, tying the two ends around the end of the braid, that it is almost impossible for the patient to pull it loose.



## Our Guinea Prize.

We have pleasure in announcing that Miss H. H. Reeve, Park Hospital, Lewisham, S.E., has won the Guinea Puzzle Prize for December.

### KEY TO PUZZLES.

- No. 1.—Maison Sykes-Josephine Belt.  
M hay—sun S—eye K S Joseph in belt  
No. 2.—Scott's Emulsion.  
S cots E—mule—S—iron  
No. 3.—Formamint.  
form—ham—mm—T  
No. 4.—Grimwade's "Perfection" Bed Pan.  
G—rim—wades Pear lee—C—tie—on bed (saucer) pan.

The following competitors have also solved the puzzles correctly: Miss A. Holding, Mortlake; H. R. Flint, Birmingham; M. Lewis, Paddington; M. Woodward, Redhill; E. S. Sills, Oakham; M. Stewart, Glasgow; A. Cooke, Westgate; N. Cope- lin, Beckenham; T. O'Donnell, Limerick; B. East, London; E. R. Charlton, Ilkley; A. Pettit, London; R. Conway, Southport; E. A. Leeds, London; B. Sheard, Chislehurst; T. Bevan, Norwich; K. C. Macleod, Dundee; A. M. Shoesmith, Durham; M. Modlin, Brixton; C. Macdougall, Stirling; R. L. Wiseman, London; N. A. Fellows, Birmingham; T. Lupton, Manchester; M. Dempster, Putney; E. Macfarlane, London; H. G. Bowers, Nottingham; H. Cobb, Attleborough; M. G. Allbutt, Wakefield; C. A. Donolan, Dublin; K. Moss, Liverpool; F. M. Wrigley, London; T. Levy, Brighton; F. Sheppard, Tunbridge Wells; M. Cooke, East Malling; V. Ramsey, Edinburgh; K. Sontar, London; Nurse Baines, Bradford; E. H. L. Dowd, Clonskeagh; M. Collins, Reading; E. F. Moakes, Holmewood; K. Tomkins, London; C. Bevis, Hampstead; E. M. Lenthall, Sydenham; M. O'Connor, Cork; M. Templeman, Dulwich; E. A. Sordy, Stratford; M. C. Ford, Holloway; L. Lawson, Edinburgh; A. G. Layton, London; C. Davidson, Glasgow; E. Spencer, London; M. E. Clegg, Liverpool; I. Lavell, Margate; G. May, Warwick; K. E. Parfitt, Mortlake; T. E. Long, Eastbourne; C. Christie, Aberdeen; V. Nowham, London; J. Atkins, Burton-on-Trent; E. Dinnie, Harrow; M. Balf, Belfast; E. Westcott, Tooting; M. Walker, Port St. Mary; C. Douglas, Perth; C. S. Mackay, Glasgow; P. Mackenzie, Inverness; P. Bostock, Manchester; F. Robinson, Cardiff; T. M. Collins, London; M. Deverill, Birkdale; C. Carter, London; A. Lossie, Wigtown; C. B. Steen, Wexford; M. Watson, Brighton; L. Ryding, Belfast; F. Robinson, Cardiff; I. C. Smith, Glasgow; E. Douglas, Belfast.

The Rules for the Puzzle Competition Prize remain the same, and will be found on page xii.

Generations of St. Bartholomew's Nurses will learn with regret that Sister President (Miss F. Sleight) is retiring from the service of the Hospital after 33 years of faithful service—service which has been recognised by the Governors by the award of a full pension. Many of her nurse friends also desire to make her a gift, and contributions for this purpose will be received by the Matron.

## Appointments.

### LADY SUPERINTENDENT.

**Maternity Hospital, Aberdeen.**—Miss I. J. McDougall, Lady Superintendent of the Maternity Hospital, Aberdeen, whose appointment we recorded last week, was trained in Maternity Nursing and in Midwifery at the Royal Maternity Hospital, Edinburgh, and has not received training at the Royal Infirmary, Edinburgh.

### MATRON.

**Cottage Hospital, Hornsey.**—Miss E. H. Grime has been appointed Matron. She was trained at the Royal Infirmary, Manchester, and has held the position of Matron of the Dewsbury Infirmary, the Taunton Hospital, and the Birmingham and Midland Hospital for Sick Children.

### NURSE MATRON.

**Cottage Hospital, Colwyn Bay.**—Miss Eleanor Jones has been appointed Nurse Matron. She was trained at the Royal Infirmary, Liverpool, and has held the position of Queen's Nurse at Conway, and at Colwyn Bay.

### SISTERS.

**Charing Cross Hospital, W.C.**—Miss May Thomson has been appointed Sister of the Casualty Department, a new position created by the Board, owing to the increased work in the Outpatient Department. Miss Thomson was trained for four years at Charing Cross Hospital, where she held the position of Staff Nurse in a Women's Surgical Ward. She has also, for a year, held the position of Sister at the Chelmsford Hospital.

**Royal Victoria Hospital, Bournemouth.**—Miss Elizabeth A. Foucar has been appointed Sister. She was trained at the London Temperance Hospital, and has held the position of Staff Nurse both in that hospital, at the Hampstead General Hospital, and at Bellingbrooke Hospital, Wandsworth Common, S.W.

**Polyclinic Hospital, Rome.**—Miss Johanna M. Clay has been appointed Sister. She was trained and certificated at St. Bartholomew's Hospital, and obtained her midwifery training in connection with the Women's Hospital, Brighton, where she afterwards held the position of Superintendent and Sub-Matron. For the last seven years Miss Clay has been a member of Queen Alexandra's Imperial Military Nursing Service, and for some time was Sister-in-Charge of the Royal Arsenal Hospital, Woolwich, and recently has been stationed at Aldershot. She is a certified midwife.

**Government Hospital, Kalgoorlie, Western Australia.**—Miss D. M. Brown has been appointed Sister. She was trained at the London Temperance Hospital, and is a certified midwife.

### NIGHT SISTERS.

**Royal Boscombe Hospital, Bournemouth.**—Miss M. C. Rose has been appointed Night Sister. She was trained at the Grimsby and District Hospital.

**Monkwearmouth Hospital, Sunderland.**—Miss Edith Cuthbertson has been appointed Night Sister. She was trained at the Royal Victoria Infirmary, Newcastle-on-Tyne, and has been Charge Nurse at the Park Hospital, Hither Green, Staff Nurse at the Throat Hospital, Golden Square, and Theatre Sister at St. Mark's Hospital, City Road, E.C.

### QUEEN ALEXANDRA'S ROYAL NAVAL NURSING SERVICE.

Miss N. Courtice has been appointed a Nursing Sister in Queen Alexandra's Royal Naval Nursing Service.

### QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

*Postings and Transfers.*—Sisters: Miss M. O'C. McCreery, to Military Hosp., Gibraltar. *Staff Nurses:* Miss J. D. C. McPherson, to Mil. Hosp., Tidworth; Miss E. S. Killery, to The Alexandra Hosp., Cosham; Miss E. Lowe, to Cambridge Hosp., Aldershot; Miss E. G. Barrett, to T.S. Plassy, for duty; Miss A. S. Siddons, to T.S. Plassy, for duty; Miss S. W. Wooler, to T.S. Plassy, for duty.

### THE LONDON COUNTY COUNCIL.

The following nurses have been recommended by the Education Committee for appointment on a year's probation as School Nurses under the London County Council:—Miss Hilda May Brown Ayliff, Miss Dora Gertrude Badger, Miss Emily Georgina Barnes, Miss Ellen Florence Brownson, Miss Florence Mary Edwards, Miss Helen Forbes, Miss Florence Gane, Miss Nellie Hancock, Miss Daisy Fanny Hedgecock, Miss Harriet Hunt, Miss Beatrice Esther Burgess Mason, Miss Margaret Christine Munro, Miss Patricia Florence May Smallcombe, Miss Louisa Adelaide Smithers, Miss Mabel Sparrow, and Miss Janet Welsh.

### The Hemel Hempstead Tragedy.

We are not surprised that Mr. H. Dixon Kimber, the solicitor who so successfully conducted the defence of Nurse Bellamy at the Hertford Assizes, takes exception to "the very serious reflections cast upon her by the Local Government Board" in a letter to the *Times* in reply to a Memorial of the Workhouse Nursing Association.

The letter states that "Nurse Bellamy, in her evidence before the Justices, admitted that she was aware of the rules (governing the administration of baths), and it is much to be regretted they were not complied with."

Mr. Kimber points out that "if this means anything it means that Nurse Bellamy knowingly broke the rules, and that, inferentially, she is responsible for the deaths that recently occurred" at the Hemel Hempstead Infirmary.

The Grand Jury at the Hertford Assizes threw out the Bill against Nurse Bellamy, the Crown offered no evidence against her on the Coroner's Inquisition, and a Common Jury found her "Not Guilty." More complete exoneration could not be given in a Court of Law.

Mr. Kimber concludes by saying: "It is bad enough that young women of insufficient experience for the adequate discharge of responsibilities they will be called upon to assume should be put into such positions, but it is hideous to find that they are liable to be treated as Nurse Bellamy has been treated, and to be prosecuted for manslaughter if they fail to act in those positions with that judgment which can only be reasonably expected from persons with a scientific training."

### Nursing Echoes.



The Editor offers her sincerest thanks for all the kind wishes and lovely cards sent to her during the Christmas Festival—many from readers unknown to her personally—but whose sympathy with the professional and social aims of this journal makes it possible to maintain one weekly journal in the press, devoted to the interests of trained nurses and the public they serve.

Many sentences are worth quotation:—"I wish I could help more." "I am buried in the country, where the higher aims set before me in your journal seem only an echo." "Anyone seems good enough to be called a nurse in these parts." "How I wish our Matron was not an 'anti'; it seems to cut us off from professional co-operation." "Since I joined the League I have learned how selfish is isolation, and to like many fellow nurses I disliked before." "I wish I were a ready writer to lighten your editorial burdens." "Thank you for the Congress—I believe I've 'grewed' since then." "I am going abroad, but shall not be lonely; the Journal will keep me in touch with all at home."

From every country in touch with the International Council of Nurses came greetings in the happiest and most hopeful tone, which added greatly to our sense of satisfaction. They mean that now that the nurses of the world know somewhat of one another, and realise that the good work of one is for the benefit of all, there can be no going back. The place of whoever falls out of the ranks will be filled and well filled by those in faithful fellowship. The nursing profession has struck its roots down deep into the rich and nourishing soil of unity—leaf, blossom, and fruit will come in due season.

"The Chain of Friendship stretching far,  
Links days that were with days that are."

One of the happiest signs of our times is the social fusion of rich and poor, which is nowhere made more manifest than in hospital at Christmas, and this year all over the Kingdom, and away in those glorious Dominions beyond the seas, the Golden Rule has prevailed. Nowhere can more happiness be concentrated in a limited space on Christmas Day than in hospital and infirmary wards, and in homes for suffering children.

To enter these during Christmas week and see the result of the unbounded good will which is everywhere apparent would make the poorest heart rejoice. Managers, Matrons, doctors, nurses, wardmaids, parsons, porters, and patrons have all given time, labour, love, and money with the result that good cheer, gifts, and consolation suffuse the whole atmosphere with well being and content.

To single out one institution as more deserving of praise than another would be invidious. All those we had time to visit were just as lovely as lovely could be.

The portrait which we have the pleasure of presenting on this page is of Miss Annie Smith, the Matron of the Kingston Union Infirmary. Miss Smith, who has recently been elected a member of the Matrons' Council, is the friend and successor of the late Miss J. A. Smith, who did so much for the Infirmary, and established the training school for nurses in connection with it. It was her hope that Miss Annie Smith, of whose work she had had the opportunity of judging, first as Home Sister at the Bradford Union Infirmary, and then as Ward Sister and Assistant Matron at the Kingston Union Infirmary, would succeed her. Miss Smith was trained at the Crumpsall Infirmary, Manchester. She is the President of the Kingston Infirmary Nurses' League.

Miss Clara Lee, Thistledown, Norton Way North, Letchworth, Herts, has most kindly offered to give the profits on the sale of her delicious home-made jam to the £100 Registration Fund. This kills two birds with one stone, as every housewife must have jam (and seldom gets it pure). To a good registrationist it will add greatly to its flavour to know that every dainty sandwich she enjoys is all for the good of the cause. It can be obtained from Miss Lee,

at the following prices per lb.:—Greengage, gooseberry, and crab apple, 8d.; damson, plum, and rhubarb, 7d. We hope the stock will be soon sold out—the greedy editor has ordered her supply.

An interesting meeting of the Nurses' Social Union was recently held at Bristol, when Miss Evelyn Eden gave a history of nursing, illustrated by magic lantern slides. The lecture is quite unique. The slides have been collected from many sources, and number over 100, beginning with illustrations of the period 2,000 years B.C.

They show the treatment, or maltreatment, of the sick in the Dark Ages, and the rise of the religious Orders, who devoted their lives with love, but without scientific knowledge, to the care of the sick. Every variety of nursing, good and bad, is depicted, from the untutored methods of medievalism down to the enlightened practice of modern times.

The lecture was thoroughly enjoyed, and held the interest of its hearers from start to finish. It made them realise in a way that probably they had never done before the wonderful development of their profession.

The Bristol Branch of the Nurses' Social Union is managed entirely by nurses, and

the number of meetings organised and practical work done by it attests the value of the Union to them in their work.

The Edmonton Guardians have demanded the resignation of Miss Helen Clark, who has been a nurse at the Infirmary for 14 years, because she wrote an anonymous letter to the press, reflecting in some measure upon their management. Personally, we prefer signed letters. Poor Law Guardians are not the employers of Poor Law staffs, and the touchy attitude of masters ill becomes them. Miss Clark is not going to resign without ascertaining whether the Guardians have a right to dis-



Miss ANNIE SMITH,  
Matron, Kingston Union Infirmary.



miss her for writing to the press. If her statements and expressions of opinion were true, we should very much doubt their right to deprive her of her living.

Everyone was full of praise for Queen's Nurses at the annual meeting of the Scottish Branch of the Institute recently held in Edinburgh. There are now 323 nurses on the Scottish Roll. Professor Caird said it could hardly be estimated what good the nurses accomplished. They took part in the housework and relieved the rates.

Mr. J. Patten Macdougall referred to nursing in the Highlands, and particularly in the outer islands. Medical men were very scattered, and the assistance which had been given by the nurses was beyond all praise; it was educative, preventive, and curative.

The wide-spreading influence of the Bordeaux Nursing Schools in France, whilst most gratifying to Dr. Anna Hamilton, their founder, adds greatly to the necessity for the very best teaching for probationers which can be procured. As soon as trained many of these certificated nurses are called upon to go forth and spread the light in other parts of France.

In our advertisement columns will be found a notice that a Sister is required at the *Maison de Santé Protestante* (Protestant Hospital), Bordeaux. She must be thoroughly trained and certificated, and must speak French. The charge will be four wards containing both medical and surgical cases, men, women, and children, which makes the work varied and interesting. The hospital trains 19 probationers, so that the lady appointed will be doing good pioneer service, as the pupils will carry far and wide the system of nursing in which they become proficient. It was thus that Miss Elston, Matron of the Toudou Hospital, Bordeaux, began her very useful nursing career in France. To succeed in a foreign land a nurse must be of an adaptable nature, willing to learn as well as to teach, and in no way hide-bound with insular prejudices. All information can be obtained from Dr. Anna Hamilton.

The South African Colonisation Society is in need of nurses, one with three years' hospital training, who is also a certified midwife for Salisbury, Rhodesia, and one who has special training for children. The salary is £60, board, lodging, washing, and a certain amount of uniform. The passage second class is paid. The agreement is for three years, and a bonus of £25 is given at the end of that time of satis-

factory service. The Secretary of the Society (the address will be found in our advertisement columns) will give all information. Those nurses who long for pastures new, will find wide scope in Rhodesia.

For a long time the need of a professional club for nurses has been felt in Calcutta, both by the nurses themselves and as a centre through which the public could get into touch with private nurses, and recently their desire for such a centre found fulfilment. Lady Baker opened at the end of the year at 12, Kyd Street, Calcutta, the "Professional Nurses' Club," which has been established mainly through the good offices of Mrs. Moore, its first Hon. Secretary. Mr. Duncan McLeod, at the opening ceremony, described how up to the present time the nurses of Calcutta had been living in all parts of the town, some in rather obscure localities, and it had always been a matter of difficulty to find them for urgent cases. The idea of a club, when proposed by Mrs. Moore, was so well received that a Committee was formed to promote it, the object being to have an organised system whereby any one requiring a professional nurse could secure her on the shortest notice. Residential accommodation has been provided for a few nurses, and there are 43 outside members. The scheme has the approval and support of Lady Minto.

In declaring the club opened, Lady Baker said she was sure that it met a want which was much felt, and wished it every success. We congratulate the nurses of Calcutta on having a Home of their own, which will be a centre of professional life.

The first meeting of the Central Council of the New Zealand Trained Nurses' Association took place at Wellington in November. We learn from *Kai Tiaki* that the Branch Councils were requested to forward suggestions of different matters for consideration by the Central Council, which were then drawn up in the form of an Addenda and sent to each Branch Council, so that they might be considered and the delegates instructed as to the views of the Branch. Amongst the points down for consideration were the questions of incorporation, uniform fees, life membership, the qualification for future membership (State Registration only), co-operative training, the registration of outdoor uniform, and the adoption of a badge.

The two delegates of the Auckland Branch of the New Zealand Trained Nurses' Association to the first meeting of the Central Council held at Wellington were Mrs. Kidd, R.N. (*née* Bridgman), and Miss J. Melita Jones, R.N.

Miss Jones, who was formerly Matron of the

Nelson Hospital, and is a member of the Matrons' Council of Great Britain and Ireland, has for some years made the Institute for Trained Nurses, Auckland, her headquarters. She asks us to say, however, that she has never been Matron of the Institute. For some years it was ably conducted by Miss Cottman, and is now managed by Miss Wyatt, a Registered Nurse, who was for a time Matron of the first St. Helen's (Maternity) Hospital in New Zealand; now similar hospitals are established in all the centres.

The Auckland Branch greatly enjoyed an "At Home" given to the members of the Association at Government House by Her Excellency Lady Plunket. His Excellency the Governor, with Lady Plunket and members of the Viceregal party, made the guests thoroughly at home, and all agreed that they had had a delightful afternoon.

Their Excellencies also attended the Nurses' Ball with their suite, when they passed through a guard of honour of 140 nurses to their seats on the dais. The Governor remarked that the guard was the finest he had ever been received by.

One of the most extensive developments of nursing under the public services is shown in the State of Pennsylvania. There the State Board of Health has on its pay rolls as servants of the State a larger staff of nurses, perhaps, than any other similar body. Two hundred nurses are stationed throughout the whole State in the county dispensaries established to carry on the anti-tuberculosis propaganda. They are directed by a chief nurse, Miss Alice M. O'Halloran, of Blockley Hospital, in Philadelphia, who has her office in the capital buildings at Harrisburg with the Health Department. Miss O'Halloran was much disappointed at being unable to come to London, and hopes to come to Cologne, to tell about her work. Her nurses, besides being busied with the anti-tuberculosis work, are also despatched to rural parts of the State, according as need may arise, to deal with other infectious diseases that may threaten to spread—scarlet fever, typhoid, or diphtheria. Further than these, the State Health Department has now a large staff in the State Sanatoria for Tuberculosis, which are developed on the public lands. One of these, at Mont Alto, now has some 500 odd patients, mostly in the early stages, in residence, and forms a village colony under medical discipline and nursing care.

The Department of Health of New York City has added 185 Tuberculosis Nurses to its staff.

## The Hospital World.

### LONDON LOCK HOSPITAL AND RESCUE HOME

The London Lock Hospital and Rescue Home for Women in the Harrow Road is unique in its organisation in this or any other country for it combines, as should always be combined, the lock hospital work with that of a rescue home. The latter, though separately organised, is connected with the hospital, and a considerable proportion of the girls are passed into it, and are there trained to fit them for a useful place in life. It is satisfactory to learn that a large proportion of these—about 75 per cent.—do well when they at length leave the care of the institution. Now the disease of syphilis is better understood, it is becoming usual to keep the patients in hospital for a longer period, 11 months being quite a usual time. If they enter the Rescue Home, they stay there for another 15 months, or they may be returned to other Homes, or restored to their friends.

The question of return to other Homes before a cure is effected—for it is now generally considered that this is not completed under three years—is a matter which calls for consideration. So far in Rescue Homes the work has been organised almost exclusively from the moral and religious standpoints, and the co-operation of trained nurses has not to any extent been sought, nor have nurses, in any numbers, thought of devoting themselves to this work. Yet, its physical aspect is a most important one both from the point of view of the health of the community, and of the girls themselves, and undoubtedly a much larger number of hospitals is needed for the treatment of venereal diseases, with Homes attached, to which when the acute stage is over the girls can be drafted, and where they can be kept under observation, and their health supervised by medical practitioners and nurses. The duty of participating in this work is one which has recently been prominently brought before nurses, and though it may not be attractive, and demands special gifts, it is impossible to believe that the nursing profession as a whole will regard their responsibilities less seriously than the rescue workers, to whom all honour is due, but whose zeal is not always according to knowledge, otherwise it would be impossible for us to hear of such tragedies as that of a healthy girl entering a Rescue Home, contracting the terrible disease of syphilis from being put to sleep in an infected bed. The London Lock Hospital for Women contains 140 beds, and is practically the only one for the whole of London, cases being sent on to it by other hospitals and infirmaries. This gives one pause, for it is estimated there are no less than 80,000 "fallen

women " in the Metropolis, many of whom are infected with disease, and a source of infection to others. Think what a canker there is in our midst, uncontrolled and undealt with, a menace to the health of the community at large, and then consider whether as nurses we should not rise to our responsibilities and use our influence and special knowledge in dealing with this disease. How is this to be achieved? How are we to find out where the plague spots are? In the first place syphilis should be placed on the list of notifiable diseases, a course which no doubt would have been taken long since had such notification applied only to women, but which would be strenuously opposed as applied to both sexes. Have you ever thought that when the woman taken in adultery was " taken in the act " her partner in sin must have been similarly discovered? Yet it was the woman only who was arraigned before the Divine Master, for His judgment and censure, by pharisaical members of the other sex. But swiftly and surely the weak place in their armour of self-righteousness was probed by the just Judge, always more severe on sins of character than on those of infirmity. You men, who are so self-righteous, which of you is clean from similar offences? He asked. They had no answer to make and went silently out.

Had the man who was a sinner, as well as the woman, been arraigned at that bar, what answer would he have made? Would he, like his first forefather, have said, "The woman beguiled me," or would he have been inspired by some remnant of manhood to say, "Mea culpa"? We do not know. We only know he did not stand by her, and as it was then, so it is now. The woman is "fallen." The man is received into society, honoured, and tîted. If he be rich he is sought as a desirable husband for some young girl, who all unknowingly may contract a marriage, which for the remainder of her life may bring ill health and unhappiness to herself, and disease and suffering to the children of the union. "War on disease, Prevention of disease," this should be the battle cry of nurses, and especially war to the knife on the venereal diseases. This is the aspect from which they should approach the question. In caring for other patients, they do not censure or condemn previous ill-doing. Neither should they here. It is sufficient that those wounded in the battle of life need their professional care, and that, under wholesome influence, while in hospital, or elsewhere, they may be inspired to live clean lives for the future—for good as well as evil is infectious, and the influence of a high-minded nurse is far-reaching in its results.

Many are the problems which present them-

selves for solution in the management of a hospital of this kind. The difficulty of controlling the patients, and keeping discipline in a ward full of undisciplined girls—for the majority of patients are girls under twenty-five—with wild animal spirits is considerable. For instance, a passing grinding organ will set all those who are up dancing. Then there is the question of letters. The authorities have been much criticised for insisting on the right to supervise all letters received, but the fact remains that it is found necessary, for a letter from an undesirable acquaintance may determine a girl to leave the hospital when she is still uncured and in a condition dangerous not only to herself but the community.

Then classification. No hard and fast rule of classification can be adopted. As far as possible the younger girls are kept away from the influence of older women likely to do them harm, but sometimes it happens that a girl young in years is old in a knowledge of evil and herself a corrupting influence.

It is sad to hear that the age at which patients are admitted tends to become lower, and even girls of 13, now apply for treatment. In addition to these, married women, infected through no fault of their own, are received. Saddest of all is the children's ward. When the new Nurses' Home, now being built, is complete, it is hoped that additional space will be available for these innocent victims of parental sin.

Each floor in the hospital is in charge of a Sister, with nurses working under her in the different wards; they work in gloves, a very necessary precaution when the dangerous character of the diseases which they nurse is remembered. On each floor is a small operating room, for nearly all the cases admitted are of a surgical nature, but, of course, all are septic on admission. The examination of the blood now forms an important part of the work of the medical staff, and progress is judged by the results obtained. The Chairman of the Board of Management is Lord Kinnaird, and one of the wards, that which is a sort of half-way house between the Hospital and the Home, is called the Kinnaird Ward. Probationers are admitted for two years' training, the age considered desirable being from 22 to 28. They are then passed on to other hospitals for general training.

M. B.

The current issue of *The Englishwoman* contains an article by Miss L. L. Dock, which will be read with widespread interest, on "The Changing Status of Nursing in France." Our readers will not need to be informed that it is a masterly review of the situation.

## A Matron's Holiday.

### A TRIP TO PORTUGAL

By Miss A. CARSON RAE.

Seeing the photograph of the General Hospital at Oporto, reminded me of a very delightful trip I took to Portugal about two years ago. It being necessary to take an early holiday, I started at the end of April with three companions for Mont Estoril, the Riviera of Portugal, and which is under an hour's journey from Lisbon.

We left Liverpool one fine evening on board one of the Booth liners, which is a mail boat to Brazil. On the way out we called at Havre, and from there on past the Channel Islands, skirting along the North-west coast of France, then across the Bay of Biscay till we arrived in the lovely natural harbour of Vigo, which could hold two or three fleets and has several exits. We spent the evening there, starting again in the middle of the night for Leixoes, which is at the mouth of the river Douro. Oporto is about twenty minutes' tram ride from there. The steamer it up to time waits two days at Leixoes, so we had plenty of opportunity to explore this quaint place. There is the wonderful Dom Luis Bridge (which was designed by Eiffel, of Eiffel Tower fame), from which a magnificent view up and down the river can be obtained. Besides, it is historically interesting, as it was built where a great struggle took place during the Peninsular War, when the Duke of Wellington drove General Soult across the river and out of Oporto. The house is still shown where the Iron Duke and his staff ate the dinner prepared for the French General, but which he had to leave behind him! There are several buildings and churches worth seeing. The Santa Casa, where the famous picture "Pons Vite" is, should be visited. There is a lovely piece of wood carving in one of its rooms which is supposed to date from Charles X.'s time. The Botanic Gardens are very fine, and the panoramic view one obtains from them is well worth the journey up. But there is an excellent service of trams up to the gardens. In the Rua das Flores the shops display some lovely filigree work, but it is well to have some one who can "bargain" before buying! The Wine Lodges are also famous, but I think autumn would be a better time to see them. What struck us most was the utter laziness of the men. The women and beautiful teams of oxen seem to do all the work. Women work everywhere, in the quarries, helping to unload the boats, carrying great basket loads of coal on their heads, and walking up the narrow planks which stretch from boat to shore, just as if they were

on a level road. They poise everything on their heads from large jugs full of water to crates of fish and babies, generally one half of the crate is devoted to fish the other to the baby! We enjoyed our two days there, but were quite pleased to start at six p.m. for Lisbon, which is only fifteen hours sail. No one should miss getting up early for the sail up the river Tagus. The white buildings with their red roofs, the tropical gardens, the mountains in the distance, the blue, blue sky and water, all make a most impressive entrance to the city. One can only sit and look and drink in the clear morning air.

Seen from the river Lisbon looks a bright clean city, the buildings going up and up till they reach the Royal Palace right on the top. There is a splendid service of electric trams, which is necessary, as the streets are all precipitous.

We landed from the wharf on to the Praca do Commercio, and walked straight across to where the late King Carlos and the Crown Prince were assassinated. There is a covered footway built like the Rue de Rivoli in Paris, and one can well imagine how the assassins could lurk behind the arches, practically out of sight. There are many places of interest in this little city, several churches, the Tower of Belem, the Bull Ring, the Palace of the Ajuda and Aqueduct, and the markets. The streets are bright with gaily dressed natives, the gorgeous coloured kerchiefs which the women wear on their heads, make quite an Eastern scene. A very enjoyable tramway ride can be taken at night round the city. As it was very hot we pushed on to Mont Estoril, which is a lovely seaside place. The Hotel d'Italie, where we put up, was most comfortable, and a lovely view of the sea was to be had from the front windows. I wish I could give an adequate idea of the beauty of the place as we saw it on that May morning. Our walk down to the beach was between rows of gardens rich with every kind of flower in full bloom. The walls, dividing them from the road, were so well covered one could hardly see them. Ivy geraniums, like hedges, heliotrope, mimosa, etc., etc., we had only to stretch out our hands and gather branches. The air was heavy with the scent of them all. Looking from the shore, the view was very fine. The houses were all built right on the Cliff, and were gleaming red, white, and blue, all different coloured tiles and architecture, and seeming to vie with each other in the beauty and luxuriance of their flowers and palm trees. A haze of heat lay over the sea, which looked quite calm in the distance, but broke in great heavy rollers on the sand.

In the garden of our hotel we sat under an



awning made in the following way. Huge palm trees with a network of wire from trunk to trunk over which was trained honeysuckle then in full bloom, sweet pea, and long trailers of the delicate vine leaves, while the walls of the garden were covered from end to end with roses varying in colour from white to deep yellow and pale pink to dark crimson. About two minutes walk at the back of the hotel were woods of pine trees, and in the morning after a night's rain the scent of them was delicious.

Many nice trips could be taken, notably one to Cintra. The pleasantest way is to drive from Estoril, and on the way stop to see over the Penha Palace, where King Carlos had been staying just before his last journey to Lisbon, and also the Moorish Palace, to which there is a long climb up, but one is repaid for it. In Cintra, at Lawrence's Hotel, we were shown the room where Byron is said to have written part of his "Childe Harold," and there is still some of the same furniture in the room. There is also the Royal Palace, where Queen Maria Pia lives, which has most interesting rooms in it. After lunch we drove on to Monserrate, the property of Sir Frederick Cook, an Englishman. It would need an abler pen than mine to describe this most beautiful spot. There were walks of camelia trees in full bloom, palms and cacti of every description, mimosa and yellow broom growing side by side, and roses of every colour climbing rampant over all. Indeed, every flower and creeper from the humblest little wild flower to the rarest exotic had its representative. The view, too, from different points was like an ever changing panorama. If there be such a place as an earthly paradise, I should say it was there. After wandering about for two hours we had to tear ourselves away. After tea at Cintra we drove back to Mont Estoril by a different road, arriving in time for dinner.

It was rarely we had to consider the weather, as when it did rain, it was obliging enough to do so during the night, and in Estoril there is usually a nice cool breeze. The Portuguese were a pleasant people, the educated ones were good linguists, they all spoke French, and many had a fair knowledge of English. It is not necessary to speak their language, as both French and English are spoken at nearly all the hotels. In any case, even if one learned Portuguese out of a book, the pronunciation is so difficult that it would take some time to learn to "talk" it. The prisons are a great blot on the country, every here and there one saw those grim buildings, and their terribly depraved looking inmates, with their faces pressed against the open bars, shouting down

to passers-by. It was a gruesome and infinitely sad sight.

Altogether we spent about twelve days at Mont Estoril, and on May 20th had reluctantly to turn our faces homewards, but we felt we returned richer in health and experience and with a host of pleasant memories. The whole trip was so well organised and arranged that I can say we had the maximum of pleasure, with the minimum of trouble.

## Reflections.

### FROM A BOARD ROOM MIRROR.

In view of the General Election, the National Food Reform Association, of 178, St. Stephen's House, Westminster, S.W., has addressed to Parliamentary candidates a series of questions dealing with such subjects as the feeding of the Army and Navy, the inmates of prisons, workhouses, etc., under-fed scholars, the milk supply, the teaching of cookery, etc., in schools, patent medicines, the publication by the Government of information as to the nutritive value of foodstuffs, and the treatment of inebriates. Copies may be obtained by sending a stamped-addressed envelope to the Secretary.

The extensions which have been made to the Nurses' Home at the York County Hospital were recently opened. The extensions consist of eighteen additional bedrooms, with bath-room and lavatory conveniences, thus increasing the total accommodation to 38 bedrooms, sitting-rooms, seven bath-rooms, and lavatories.

Mr. Howard Collins, the House Governor of the General Hospital, Birmingham, has received the following letter from the Manchester district:—"Some years ago, in fact, so far back as 1862-3, I had occasion to be treated as an out-patient for abscess. Since that time I have always promised myself that if I could save up enough money to spare enough to pay for the treatment I would do so. Herewith I have pleasure in handing you cheque for £10, which I trust you will accept as a donation."

In connection with the decision of the Executive of the Sidlaw Sanatorium to close the institution at the end of January, a letter has been addressed to the Chairman of the Dundee Royal Infirmary by Mr. J. K. Caird, that most generous of citizens, offering £10,000 on the condition that the Sanatorium is handed over to the management of the Royal Infirmary Board. The idea is that the Sanatorium should be regarded as an adjunct of the Infirmary, and that it should be utilised principally for the treatment of children suffering from tubercular disease.

The Nottingham Hospital Saturday Committee has handed over to the General Hospital the sum of £6,719, as compared with £5,617 in 1908. This fine hospital well deserves support.

## Professional Review.

### LECTURES ON SURGICAL NURSING.

A very useful series of lectures on surgical nursing, by Mr. E. Stanmore Bishop, F.R.C.S., Hon. Surgeon to Ancoats Hospital, Manchester, is published by Messrs. John Wright and Sons, Ltd., Bristol, and in London by Messrs. Simpkin, Marshall, Hamilton, Kent, and Co., Ltd. The author in a foreword makes a generous acknowledgment of the assistance he has had from trained nurses. He says:—

"There are many pleasant relationships in life, the praises of which have been sung in all ages and by many writers; I doubt if there is one much more delightful than that which exists between a surgeon who is keen on his work and desirous of obtaining the best results, and the nurse whom he implicitly trusts, whose ever ready smile and cheerful face greet him on every occasion, and whose quiet, willing, enthusiastic help is never wanting to second his endeavours. How much I personally owe to the splendid nurses I have met can never be told; to you, Nurses and Sisters, I owe a great part of any success I may have attained, and the memories of the anxious days, the strenuous days, the joyfully victorious days we have passed through together will remain with me always. If I can pass on to your successors some of the things you have taught me, I shall but have acknowledged part of my debt to you."

In his preface, Mr. Bishop also expresses his thanks to Miss Beard, Matron of Ancoats Hospital, for many points which might otherwise have been overlooked.

In the lecture on the "History of Antisepsis and Asepsis," describing the conditions of hospital gangrene, and pyæmia, the former of which a nurse trained at the present day is unlikely to see, the author says:—

"So bad were the results obtained in hospital in

those times that the word "hospitalism" was coined to express the special danger which all patients ran who entered them, whilst it was proposed to do away with surgical hospitals altogether, and to substitute for them tents, or small cast iron cottages, capable of being occasionally taken down, cleansed and reconstructed. I have myself seen the green surrounding the old infirmary site at Manchester covered by wooden huts to accommodate and isolate surgical patients."

The author proceeds to deal with methods of sterilisation, and then follows a lecture on altruism, not often included in a book of this nature, but very necessary to success as a nurse. "Put yourself in his place," which is the real meaning of altruism, should become a sub-conscious working motto, which will carry a nurse over many difficult places. Mr. Bishop considers that *asepsis*, *altruism*, and *ability* should be the three watchwords of everyone who desires to attain success in surgical nursing.

The charming picture of a Theatre Sister which forms the frontispiece to the book will surely inspire all nurses to secure and read a copy. Of the Theatre Sister the author says:—"On her depends mainly the credit of the hospital operative work. If she is competent, conscientious, and trustworthy she has it in her power to raise the reputation of the hospital to its highest point. If she is careless or incompetent, she is equally able to wreck the most brilliant work of the best

living operator. No responsibility can be greater than that which devolves upon her, and consequently no one should have more implicit confidence reposed in her, or be allowed more absolute control of those under her orders."

The duties of a nurse in the theatre are described in detail, and may be studied with advantage. In connection with the nurse's duties during the recovery of a patient from anaesthetisation we doubt if it is often necessary for her to bend over the bedstead and grip the opposite framework with both hands to restrain the patient.



**COSTUME OF A THEATRE SISTER PREPARED FOR OPERATION.**

Note the sterilised cap enclosing the hair, the sterilised gown, gloves, and tennis shoes.

## The Danish Council of Nurses.

By MRS. HENNY TSCHERNING.

I consider it a great privilege to be present to-day as a representative for Danish nurses. We first want to bring our thanks to the Committee for admitting our union to the International Council of Nurses.

The Danish Council of Nurses was founded in 1899, and shortly after we received an invitation to join the International Council; but we thought it our duty to refuse this honour until our union to some extent had proved its right of existence. But, after fully ten years of experience, we feel confident that our union has been a useful tool in the work for improving the conditions of the nursing profession, and to-day we gladly accept your invitation. I hope that the following short report of our work will give you the impression that we are not quite unworthy of joining the International Council of Nurses. The chief aim of the Danish Council of Nurses has been to improve the training of nurses.

First of all, a three years' course was made the condition for being admitted as ordinary member to the Council. As the training was often one-sided, the Council helps the nurses to supplementary courses. As other features of the work can be mentioned a bureau where nurses can register for private duty; courses in diet cooking for nurses; monthly meetings for the members, partly instructive, partly social; a sick club, including a fund to cover funeral expenses; a home for convalescent or tired nurses in one of the prettiest parts of the country near Copenhagen, where, on very moderate terms, they can spend their vacation. We also have our own fortnightly Journal of Nursing, which is distributed to every member of the Council.

At the same time, steady work is carried on to improve the social position of nurses. Most of our members agree in considering a homogeneous training, with subsequent State registration, a necessity. Several applications having been made to the Secretary of State, and the Board of Health has taken charge of the matter, which probably will be dealt with in the coming year. I wish to mention that the midwives several years ago have obtained registration.

There is with the medical profession, as well as with the public, a general feeling of sympathy for this examination, but there is another question, which has been met with a great deal more opposition, namely, the appointment of Matrons in the larger hospitals. Still, we sincerely hope to succeed also on this point, as we feel convinced that a thorough and systematic training of nurses must necessitate the appointment of Matrons.

The oldest hospital in Copenhagen, "The Royal Frederichs Hospital," will be torn down next year, and be replaced by a beautiful, entirely modern institution, called "The State Hospital," with which will be connected a training school for nurses. A definite plan for its arrangement has not been made as yet, but we cannot but hope that

\* Presented to the International Council of Nurses, London, July, 1909.

in one way or other a matron will be put at the head of the nurses.

"The Municipal Hospital" of Copenhagen has made an attempt at a training school by giving its pupils some theoretical teaching, ending with an examination. In connection with the hospital has been built a pretty nurses' home, which greatly adds to the daily comfort of the nurses. But this hospital has not a Matron, either.

In the suburb Fredrikberg, which has its own municipality, has been built a large and beautiful hospital, where the pupil nurses get a systematic practical training, under the direction of a Matron. But theoretical instruction is not given, and no examination is held.

I have been asked to give some information about the Danish woman in political life. There is, in our days, a strong, although quiet, political and social interest among Danish women. It is not very aggressive, but steady and energetic work is carried on to get to the final aim—full woman suffrage.

The first step, the municipal franchise, has been reached, and we consider it a good omen for the future of the nursing profession in Denmark that the woman candidate proposed by our union was elected, and is now a member of the Town Council of Copenhagen. Being a late nurse—now the wife of a physician—she fully understands and values the interests of the nursing profession.

During the last election for Parliament all the candidates were asked by women as to their attitude towards the different women's questions. By the Danish Council of Nurses they were questioned about State Registration for Nurses, and several of the candidates treated the matter with considerable interest.

You will understand that even if Danish nurses, as well as Danish women upon the whole, have not yet made any very great progress, we feel that the work done has not been in vain. And we look forward into the future with the grand and beautiful optimism of those who fight for a good and noble cause.

## Carols.

A quite charming collection of carols has been made by Miss Edith Rickett in "Ancient English Christmas Carols, 1400-1700," to which she has written an interesting introduction. A few modern carols are added. How exquisite are the following lines of Christina Rossetti:—

Enough for Him whom Cherubim  
Worship night and day;  
A breastful of milk  
And a mangerful of hay;  
Enough for Him whom angels  
Fall down before,  
The ox and ass and camel  
Which adore.

Angels and archangels,  
May have gathered there,  
Cherubim and seraphim,  
Thronged the air;  
But only His mother  
In her maiden bliss,  
Worshipping the beloved  
With all his kin.



## Outside the Gates.

## WOMEN.



Miss Mary Higgins, of Bromley, Kent, who died on November 9th, has left the residue of her estate, amounting to over £12,000, to Girton College, Cambridge, for the foundation of scholarships of the annual value of £40 each, to be known as the "Higgins" Scholarships. We are always pleased to see women leaving money for education instead of philanthropy. More of the former means less need of charity.

A Woman's Guild has recently been established in connection with the British Medical Benevolent Fund, to supplement the money grants by gifts of clothing, coals, and other additional comforts, and by personal service to add a warmer touch of human sympathy.

Miss Ethel Mary Nuccella Williams, M.D., has been appointed by His Majesty in Council, one of the six members of the Senate of Durham University.

The Parliamentary election is at hand, and thousands of women with ardent and rightful self-confidence will fling themselves into action. Never in any previous election have women come out so well equipped for battle or for so great a cause. This time they are to fight for the emancipation of the serfs, and no longer as a sex for self-interest, as personified in the men to whom they are attached. Good luck to them.

The still small voice is beginning to whisper to that monster Federation of Women's Clubs in the United States. Two subjects have long been tabooed—social purity and suffrage. They hang together. They have now taken their place on programmes and discussions as vital topics of concern. What is even more hopeful, governors, or mayors, State and city officials, and men connected with educational and social movements of national renown, are advocating woman's suffrage as an element necessary to civic improvement. Just want a bit of "mother" in everything.

The *Sydney Morning Herald* says: "The influence of the women's vote has made itself felt in Australia, and in every instance the tendency of it has been to elevate the tone of politics. In such matters as the temperance and gambling questions the effect of the women's vote was almost immediately discernible in the State."

About six months ago the Governors of the District Infirmary, Ashton-under-Lyne, decided to appoint a lady doctor as assistant house surgeon. The experiment has proved an unqualified success, and her services are as much appreciated by the men as by the women. A good example to Manchester.

## Book of the Week.

## THE CARAVANERS.\*

There is a vein of humour, subtle and keen, running through the whole volume. The story is told by the Baron Otto von Ottringen, an egoist of the purest type. He writes the narrative of his experiences with the intention of eventually reading them aloud to a select circle of friends, but, as time goes on, allows himself such frankness of expression, that he feels much he says must be omitted.

In drawing his self-revelation, the author gives a most unpleasing presentation of one phase of German character; at any rate, it would strike the ordinary English reader as unpleasant. At the same time, the Baron passes many scathing remarks on the manners and customs of the English, amongst whom for a short time he finds himself—remarks which in some cases have a great deal of truth in them.

Baron Otto is a major of artillery, stationed at Storchwerder, a dull country town, as full of gossip and prejudice as any country town in this land might be. He is married for the second time, and is arranging for a holiday to celebrate his silver wedding. His first wife endured his somewhat arrogant personality for nineteen years, when an accident caused her death. A year of enforced widowhood followed; then for five years he seems to have been employed in moulting Edelgard, his second wife, into what a proper German wife should be. It matters not that she has been married to him only five years; she has to realise that he, having done his best to keep married twenty-five years, it is only right his silver wedding should be kept. Many plans and places are discussed and rejected as too expensive; then a neighbour, Frau Von Eckthum, a charming young widow, suggests that he and his wife should go with her to England, where she has a married sister, joining their caravan party for a month. She says it is cheap, and paints the life in glowing colours. The lady is pretty and attractive; so Baron Otto decides to visit the country, which—after having been in it a short time—he speaks of as "that accursed Island across the Channel."

The departure from home is given most amusingly. On the first of August, the anniversary of his first wedding day, they leave Germany. After many difficulties they reach the spot where the caravans await them; they are three in number—Frau Von Eckthum and two girl friends in one, Mr. and Mrs. Menzies Legh, the Baron, and "dear wife" occupy the others. Two young men who live in a tent make up the party. The weather was certainly not auspicious for a caravan trip; the constant rain and wind presented England under anything but an attractive aspect to him. Then, being "geboren," he finds it somewhat difficult to assimilate himself with English people, who, having no titles, are not in his estimation as well born as he is. His self-assertive ignorance leads him into making strange mistakes.

\* By the Author of "Elizabeth and Her German Garden." (Smith Elder.)

He is told one of the young men is Browne, going into the Church, the other is a Socialist M.P. He cannot understand how a member of the clergy can be received on an equal footing. Being a Conservative, the Socialist is abhorrent to him.

Great is his dismay when he learns that Browne is a Lord, son of a Duke; his subsequent attempts to ingratiate himself are almost pathetic.

If life in a caravan is anything like what he describes, the discomfort must be so intense, that no one having read the book would be tempted to try a like experience. From his point of view, any too intimate acquaintance between Germans and English lead to a sad deterioration in the former. His amazement and displeasure at Edelgard's partial emancipation from marital leading strings is great. He adores his country and all her ways; his King and his views are admired and believed in. Having paid for a month, he is prepared to endure to the end; not so the rest of the party—one by one they give up the trip with various excuses. "What have you done to them?" asks the puzzled Edelgard.

The plot is naturally slight, but the book is one to be read with enjoyment, and for reading aloud cannot easily be surpassed.

E. L. H.

[Our reviewer has dealt mercifully with this odious egoist, the Baron. He is not only a "boulder" but a bully, and his species is by no means extinct even in what he dubs this *perfidie* isle. "The Caravanserai" is the most convincing "suffrage" tract which has ever been written—as a New Year's gift to the "antis" it should have a most salutary and chastening effect. We wish them no worse fate than to become *mine frau* to a Baron von Ottringel.—Eu.]

#### COMING EVENTS.

January 4th and 5th.—St. Bartholomew's Hospital. Christmas Entertainment for the Resident Hospital Staff, 8 p.m.

January 6th.—Charing Cross Hospital. The Nursing and Resident Staff At Home. Music. Tea and coffee. 7.30 to 11 p.m.

January 7th.—London Homoeopathic Hospital, W.C. The Matron and Nursing Staff At Home. Music. Tea and coffee. 8 to 11 p.m.

January 12th.—Royal Infirmary, Edinburgh. Lecture on Operations on the Stomach and Intestines. Preparations and After-Nursing. By Professor Alexis Thomson, F.R.C.S.E. Extra-Mural Medical Theatre, 4.30 p.m. Nurses cordially invited.

January 29th.—Meeting of the Executive Committee of the National Council of Nurses of Great Britain and Ireland. To form committees to further the Resolutions passed at the International Congress of Nurses, 431, Oxford Street, London, W., 1 p.m.

#### WORD FOR THE WEEK.

Again the silent wheels of Time their annual round have driven.

Keep your face always towards the sunshine, and shadows will fall behind you.

## Letters to the Editor.



Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in any way hold ourselves responsible for the opinions expressed by our correspondents.

#### CHRISTMAS LONDON.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—I have read with interest this sketch in the Journal, and should like to inform your readers that "Matron" is under a misapprehension as regards workhouse wards. As a workhouse midwife, I can assure them that we also surround all patients—virtuous, unfortunate, and undeserving—with "every care and comfort." No expense is spared, and they are attended day and night by a certified midwife, and are under the care of the medical officers. Nursing requisites, diet, and laundry are all on the most liberal scale; the wards are beautifully kept, arranged, and decorated—flowers, plants, and draperies. Matron and officers show every kindness and tact in dealing with all inmates. Moreover, "Go and sin no more" surely does not imply that the sin was the responsibility of an iniquitous landlord? Are we not too ready now to pass on the responsibility of our sins to ancestors, "human nature," landlords? While showing love and pity to the sinner, let us beware lest we indirectly encourage self-indulgence and sexual immorality—not only on religious and ethical grounds. We who see the sins of the parents visited on the children cannot but think even, it may be, at the cost of a little of the so-called charity, that it were better to teach "self-knowledge, self-reverence, self-control." The knowledge of evil, regrettable as it is for the children, is not sin, and it may be their safeguard. It is indulgence and self-indulgence that are our destruction. Hard as it may be, strong as the temptation is, our young men and young women can, if they will, be pure; but the children so often are not brought up to "will," and it is our weakness and moral irresolution that are our ruin and the cause of the degeneration of the race and nation—not the landlords, ancestors, or "human nature." By all means, let us try to bring about better social conditions, but also let us try to raise the moral tone of the age by taking the responsibility of our own sins and realising our own individual power of resistance.

I am,

Yours truly,

A CERTIFIED MIDWIFE.

[We have referred this letter to the writer, who informs us that our correspondent has missed its point, which was not to cast any slur on the workhouse ward, but to show the injustice of regarding one woman with a marriage certificate of a few months' duration as one who should be treated with honour, and another, whose sin was no more and no less, as a moral outcast. She still is of

opinion that where the housing conditions are such that boys and girls are inevitably brought into contact, "unseemly in its closeness," the greater responsibility for the immorality resulting belongs to the landlords. The chief point emphasised in the story was that the stigma of birth in a work-house ward clings to a child, and places him or her—especially her—at a disadvantage through life. The innocent child is saved from this if born in a maternity home.—Ed.]

#### THE ELIZABETH FRY LEAGUE.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—My deep interest in the—to my mind—greatest cause of the day, I mean the *sacred* cause of the enfranchisement of women, has so often led my thoughts to Holloway and other prisons where many brave women have undergone, not only unjust imprisonment, but the cruelty of forcible feeding by unskilled and untrained people, that a realisation has come to me of the necessity of a higher standard of training for prison officials. I read your article on the proposed "Elizabeth Fry League" therefore, with great interest. In speaking of "the great mother spirit in her"—Elizabeth Fry—you touch the whole psychological spot of all reform. Is it not the mother spirit in women—the mothers of the race—that inspires them with the desire to improve social conditions and uplift the human race? Is it not this that makes "our hearts burn within us" when we see so much that is wrong in the world, and long to put it right? Again you touch the spot exactly when you say "that the essence of Elizabeth Fry's teaching was healing of body and spirit," and you rightly put body first, for the healing of the soul and spirit must come after, or together with the healing of the body.

Elizabeth Fry, who saw the necessity of this, was in advance of her day. It seems to me that we are only just beginning to realise that this is the fundamental principle underlying all true reform.

When we get State Registration nursing will be a profession recognised by the State. Being therefore fortified by legal status, could we not approach the Home Secretary to aid us in the scheme you admirably suggest of co-ordinating prison work with nursing? I feel sure the prospective Elizabeth Fry League will interest all Devonshire Square nurses. One of them—a friend of mine—picked up the Journal containing your article, and read it with great delight.

Good luck to your scheme!

Yours truly,

BEATRICE KENT.

### Comments and Replies.

Mrs. Edmunds.—The private nurse of to-day needs many qualifications besides medical and surgical training in the wards of a general hospital. One of the most useful specialities to take up is mental nursing, as nurses with general and mental training are much in demand.

*Pupil Midwife.*—The points to remember in dressing a baby's cord are that the ligature must be secure, it must not be dragged upon, and it must be kept aseptic. Scissors and ligatures must be surgically clean, and the object of any dressing applied should be to keep the cord dry. There is rarely any trouble with a cord so treated.

### Notices.

#### RULES FOR PRIZE COMPETITIONS.

##### PRACTICAL POINTS.

We offer a Prize of 5s. for the best Practical Point paragraph of from 100 to 200 words, to reach the Editor, at 20 Upper Wimpole Street, London, W., not later than Saturday, January 15th inst.

Paragraphs sent in, other than that to which the prize is awarded, and thought worthy of publication, will be paid for at the usual rates.

##### THE NEATEST NURSE PHOTOGRAPH.

We offer 10s. for a photograph of a nurse in uniform, neatness to be the test of excellence, with permission to publish the same. The photographs must reach the Editor not later than Saturday, January 22nd. Photographs sent which do not win the prize will be returned.

##### AN ARTICLE ON A PRACTICAL NURSING SUBJECT.

We offer £1 10s. for an article dealing with Practical Nursing of from 1,400 to 1,500 words, to reach the Editor not later than Saturday, January 29th. By arrangement with competitors articles other than that to which the Prize is awarded may be selected for publication.

Each competitor must enclose her name and address in full.

THE BRITISH JOURNAL OF NURSING is the official organ of the following important Nursing societies:—

The International Council of Nurses.

The National Council of Trained Nurses of Great Britain and Ireland.

The Matrons' Council of Great Britain and Ireland.

The Society for the State Registration of Trained Nurses.

The Registered Nurses' Society.

The School Nurses' League.

As their official organ is widely read by the members of these societies, the Editor will at all times be pleased to find space for items of news from the Secretaries and members.

Exclusive news being copyright, papers quoting from our columns must give the name of this journal as the source of their information.

#### THE SOCIETY FOR THE STATE REGISTRATION OF TRAINED NURSES

Those desirous of helping on the important movement of this Society to obtain an Act providing for the Legal Registration of Trained Nurses can obtain all information concerning the Society and its work from the Hon. Secretary, 431, Oxford Street, London, W.

##### OUR PUZZLE PRIZE.

Rules for competing for the Pictorial Puzzle Prize will be found on Advertisement page xii.

# The Midwife.

## The Central Midwives' Board.

### DECEMBER EXAMINATION. LIST OF SUCCESSFUL CANDIDATES.

At the examination of the Central Midwives' Board, held in London on December 13th, 1909, the number of candidates examined was 281, of whom 239 passed the examiners. The percentage of failures was 15.

#### LONDON.

*British Lying-in Hospital.*—S. Duly.  
*City of London Lying-in Hospital.*—E. Fisher, A. H. Harwood, D. M. Hawtin, C. E. Heningham, R. L. McCowan, A. Rayner, H. G. Rickman, F. Shephard, F. Simmons, G. M. Sinclair, A. F. Slater, M. E. Slater, E. M. Stevens, E. M. Thomson.

*Clapham Maternity Hospital.*—M. P. Campbell, F. C. Dunlop, H. A. Foley, N. Jones, M. A. L. Pinniger, N. J. Type.

*East End Mothers' Home.*—E. M. Bishop, A. M. Brown, J. Davidson, I. M. Heward, A. Madgwick, M. A. Master.

*General Lying-in Hospital.*—M. C. Browne, A. Bylett, J. A. Dykes, R. Gardner, J. L. Griffiths, J. L. Hirst, A. Oliver, S. E. C. Stewart.

*Guy's Institution.*—A. M. Gautier, C. M. Hancock, A. Millard, E. L. J. Stephenson.

*Greenwich Union Infirmary.*—N. Wells.

*Kensington Union Infirmary.*—E. A. Mossdell.

*London Hospital.*—C. Bagnall, N. Beresford, G. K. Berry, E. Evans, S. J. Hawkins, I. Keene, M. A. A. Knight.

*Middlesex Hospital.*—E. A. Baunister, G. M. Jackson, C. M. Jones, C. M. S. Nicol, F. Preston.

*New Hospital for Women.*—L. A. Northwood.

*Queen Charlotte's Hospital.*—W. H. Burges, M. St. A. Colwell, E. Day, R. L. Dodson, F. Dykes, C. M. Edwards, M. Hadland, V. V. Hall, W. I. Hammond, L. M. Higgins, F. Hoskins, L. P. B. Law, E. F. Lowings, E. S. Lucy, S. Matthews, A. Miller, A. Richardson, E. Thomson.

*"Regions Beyond" Missionary Union.*—A. B. Faber, E. M. Perrin.

*Salvation Army Maternity Hospital.*—A. Booth, F. M. Brown, E. Crompton, A. George, B. Jordan, E. Lutz, E. R. Steadman, S. M. Waller, F. Wright.

*Whitechapel Union Infirmary.*—E. A. Dewdney, A. M. Sage.

#### PROVINCES.

*Aldershot. Louise Margaret Hospital.*—A. M. Knowles, E. J. M. T. Wilson.

*Brighton and Hove Hospital for Women.*—H. S. Brodie, M. H. Davis, M. H. Glover, M. H. J. Hammond, H. J. McMath, M. C. Payne, I. E. Russell.

*Bristol Royal Infirmary.*—M. Curtis, E. Slade, E. M. M. Tyack.

*Cheltenham District Nursing Association.*—M. W. Ralph.

*Croydon Union Infirmary.*—R. M. Hook.

*Derby Royal Nursing Association.*—E. L. Bramwell, B. A. Britton, E. E. Sands, A. M. Snook.

*Essex County Cottage Nursing Society.*—E. J. Ditcham, A. H. Gill, E. J. Jones, F. E. Luther, A. E. Ockelford, H. R. Parker, L. M. Symons, A. Standfield, K. Walthall, M. A. Weston, A. Wood.

*Hull Lying-in Charity.*—F. H. Freeman.

*Liverpool Workhouse Hospital.*—M. G. Taaffe.

*Nottingham Workhouse Infirmary.*—E. M. Carnell, M. M. Grafton, J. Mulligan.

*Plaistow Maternity Charity.*—M. E. W. Bonniemann, M. E. Burton, K. M. Busbridge, A. V. Collins, M. L. Duncan, L. A. Ferguson, F. B. Fidler, L. M. Fox, M. French, B. Gratton, L. S. Groves, E. A. Hawke, A. Hunt, G. M. Jones, R. Kite, M. A. Mack, J. J. McMillan, L. Pearson, H. Price, E. Robinson, M. H. Sheavyn, A. M. Stock, J. F. Tranter, F. E. Walsh, M. Warn, L. Young.

*Sheffield, Jessop Hospital.*—A. M. Ashley.

#### WALES.

*Cardiff, Q.V.J.N.I.*—E. J. Goodman.

#### SCOTLAND.

*Aberdeen Maternity Hospital.*—J. Burr, M. Templeton.

*Dundee Maternity Hospital.*—J. S. Craig.

*Edinburgh Royal Maternity Hospital.*—E. A. Addison, B. A. Smith.

#### IRELAND.

*Dublin, Rotunda Hospital.*—E. Griffith, B. Lazarus, A. E. Magill, E. M. Parker.

#### PRIVATE TUITION.

J. M. Bacon, L. Beeston, E. Bickerdike, A. Blewett, C. Brooker, E. A. Brown, I. C. Burnett, E. Burrell, M. E. Butcher, A. E. Carter, K. L. Chapman, M. J. Clayton, K. A. Cogswell, E. F. Colburn, L. de Ruch, I. Donald, A. M. Donovan, E. R. Edwards, G. C. Evans, M. E. Farrar, E. F. Francis, E. S. K. Guarini, M. E. Handley, A. M. Hathway, M. M. Headford, E. M. Heaven, V. E. D. Hicks, L. A. Holbrook, A. M. Howes, E. L. Isaac, M. D. Jeffrey, M. C. Jones, F. Kennedy, M. M. Kyte, B. Lancaster, A. B. Lane, A. M. E. Layton, J. A. Little, E. M. M. Lowe, S. McKelvey, F. Macrae, S. A. Malpas, I. L. M. Marks, V. H. Mayne, E. Merriman, B. F. Miles, A. M. Mitchinson, C. Murray, M. E. Nevice, A. C. Penny, E. Phipps, V. S. Porter, L. E. Preston, L. R. Redding, E. M. Restall, E. P. Roberts, R. S. Robson, B. E. Simmons, J. E. Simmons, A. M. Simpson, O. B. M. Simpson, M. E. Smith, M. J. Smith, A. Stanford, H. F. Stewart, L. M. Stoward, M. Symes, E. Thomas, M. A. Thomas, A. J. Thorne, M. H. Traford, E. Tregellas, M. M. Turnbull, E. M. Walker, F. A. Weatherly, E. J. West, E. B. Whiddett, E. C. White, M. R. White, M. E. Williams, R. Wilson, F. M. Wood, J. L. Wooldridge.

We regret that by a printer's error the heading "Christmas in a Maternity Home" should have been substituted for "Christmas in a Maternity Ward" in an article in "The Midwife" in our last issue.



## Treatment of Contracted Pelves.

The *Lancet*, in an interesting review of the medical year, gives the following summary of the most modern methods of treating contracted pelves:

With the gradual lowering of the death-rate after the operation of classical Cæsarean section, together with the development of pubiotomy and the introduction of supra-symphyseal Cæsarean section, our methods of treating cases of contracted pelves are gradually, but surely, undergoing a change. At the same time it must be remembered that increasing experience is again bringing to the front the teaching of some of the greatest masters of obstetrics, teaching which of late years there has been a great tendency to forget—namely, the extreme importance of allowing, whenever possible, spontaneous labour to occur in a case of contracted pelvis. In a most interesting paper read before the Glasgow Obstetrical and Gynaecological Society Professor F. Schauta laid great stress upon this point, and showed that in his clinic, considering labours at full term only, nearly 80 per cent. in cases of contracted pelves ended spontaneously. Not only did they end spontaneously, but this termination gave better results for the mother than any other, and better results for the child as compared with any other method of treatment, with the exception of Cæsarean section. In cases of contracted pelves where labour took place in a lying-in hospital under the best possible surroundings he recommended the following lines of treatment. With a conjugate of above 8 centimetres ( $3\frac{1}{2}$  inches) there is a possibility of spontaneous delivery and therefore expectant treatment should be adopted. In cases with a conjugate under 8 centimetres ( $3\frac{1}{2}$  inches) Cæsarean section should be performed, and in cases with a conjugate of  $8\frac{1}{2}$  centimetres ( $3\frac{1}{2}$ — $3\frac{3}{4}$  inches) hebestotomy is to be considered. This operation with a conjugate of  $8\frac{1}{2}$  centimetres ( $3\frac{1}{2}$ — $3\frac{3}{4}$  inches) would be an alternative to spontaneous labour, with a conjugate of  $7\frac{1}{2}$ — $8\frac{1}{2}$  centimetres ( $3$ — $3\frac{1}{4}$  inches) an alternative to Cæsarean section. The choice would be determined by the size of the head, the character of the labour pains, and the general condition of the patient. These methods should be regarded as typical, and all other methods, such as the induction of premature labour, craniotomy, version, and the application of forceps to the head above the brim, as atypical, and only to be undertaken in special circumstances. These conclusions will be received with some hesitation by many English practitioners, but they are interesting as the matured views of an obstetrician of great experience and of much eminence, and as indicating the trend of modern treatment in these cases. Even in this country at the present day the indications for Cæsarean section are becoming wider and wider, and while hebestotomy has made but little headway obstetricians are returning to the teaching of Smellie and Hunter, and are at last abandoning the dangerous method of applying forceps to the head above the brim. The induction of premature labour still holds its own in England, but there are

not lacking signs that among the more enterprising Scotch and Irish schools of obstetricians it is losing the favour it once had in the treatment of contracted pelves. We may well anticipate for the future the more widespread adoption of hebestotomy and Cæsarean section, the abandonment of craniotomy, except on the dead child, and the much more frequent performance of Cæsarean section when it can be performed as an operation of election.

## Why Not?

One would imagine that there was a "corner" in midwives in London, to judge from the evident and ill-disguised spirit of opposition to the formation of a Midwives' Union upon the part of a certain class of midwife who prefers to be represented on the Midwives' Board, and otherwise, by a medical practitioner. This reminds one of the intolerant R.B.N.A. days. Surely the midwives are not to be herded and hustled in the same unbecoming manner as were the nurses in the naughty nineties? The temper of the times is changed—vastly so, and we hope Mrs. Robinson will not be discouraged, but will call her meeting at a convenient season—at a convenient place—when we feel sure it will be largely attended. A British Midwives' Union is urgently needed, and should be organised with as little delay as possible. *The Midwives' Record* already exists to voice its needs.

## The Prevention of Infant Mortality.

The Conference on the Prevention of Infant Mortality recently held at New Haven, U.S.A., was, we learn from the *Johns Hopkins Nurses' Alumni Magazine*, one of unusual interest. All sides of the question were exhaustively discussed—medical prevention, philanthropic prevention, and institutional prevention. All the speakers emphatically protested against artificial feeding, and the general opinion seemed to be that with proper care—"proper care" embodying an enormous range of possibilities, medical, philanthropic, and connected with the state regulation of labour, trades, etc.—ninety-nine per cent. of women could nurse their children.

The prepared foods were left without a leg to stand upon when discussion concerning them was ended. The opinion expressed concerning Milk Depôts was that "the educational possibilities of a milk depôt should be the only limits to its educational responsibility." The chief function of a milk dispensary should be to become a centre of education, not to supply a milk for infant feeding, with the possibility of making mothers depend on that, instead of nursing their children. It was suggested that there should be classes and demonstrations for mothers, and "little mothers," and that the real element of pride in a milk dispensary should be the large attendance of nursing mothers, not the number of babies supplied with modified milk.

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XLIV.

## Editorial.

### JUVENILE OFFENDERS AND THE LAW.

The humane effects of the Children Act, 1908, are now becoming apparent, and, in accordance with its provisions, an Order in Council has been issued providing for the separate treatment in future of juvenile offenders at police-courts, a method already in force in Canada and Australia, where the benefits of separating children from adult offenders have for long been recognised, both for the children themselves and also for the State. Children's Courts are also provided in some of the States in America. The principle underlying the establishment of the Courts is that child offenders must be guarded from contamination by confirmed criminals, be dealt with in separate courts as a means to this end, and, if possible, have their own special magistrates. To send a child to prison is to draft him at once into the ranks of criminals, from which it is almost impossible for him to escape in the future, and the cruelty as well as the unwisdom of such a system is obvious.

In each district it will be the duty of the police to provide special houses of detention for children, which will be kept under the closest supervision. Children under the age of sixteen may also be released on bail by a police-officer of the rank of inspector. By these methods it is hoped to check juvenile offenders at the outset of a career which might easily lead to a life of crime, without disclosing at once the full terrors of the law.

A wise provision in connection with the Children's Courts is that the public are not to be admitted. Those present will be limited to persons interested in the case and to representatives of the Press.

Very slowly—the more so because the mother element is eliminated from the counsels of the nation—we are learning to

be more humane in our dealings with its children, or we should not for so long have allowed them to be brought up in our criminal courts, to be associated with confirmed evil-doers, and handicapped for life by being committed to prison.

It is not so long ago since we used to hang children for most trivial offences, and (during the late Queen's reign) a child of nine years old—happily reprieved by the gracious mercy of the Sovereign—was sentenced to be hanged for poking a stick through a window and stealing paint worth 2½d. Is it conceivable that, if women had had a voice in making our laws, so monstrous a sentence would have been passed on a little child for so trivial an offence? It is difficult to realise that a judge could be found to pass so inhumane a sentence, and that no one had sufficient imagination to realise that to invoke the whole terror of the law for the punishment of a child for the theft of a few pence, was to bring the law itself into contempt.

A proposal has been made which is worthy of consideration, that women should be added to the police force, and, as the natural caretakers of children, should perform such police duty as relates specially to them. It is a proposal which, if carried into effect, should work well, and no section of women would be better qualified to fill the posts so created than trained nurses, who not only have had experience in the management of children in hospital wards, but who would be quick to recognise symptoms of mental deficiency which might bring the offender under medical treatment rather than under the stern arm of the law. Any nurse in such a position might be satisfied that she was rendering good service to the community. It is a point which might be brought to the notice of the Elizabeth Fry League when it is founded.



## Medical Matters.

### RINGWORM.

The *Lancet* has done good service to the community by inviting two thoroughly competent dermatologists to inquire into the whole question of ringworm, its prevalence, influence, and treatment as it is affecting the school-children of the Metropolis.

The whole report should be studied by those specially interested in the question. The commissioners say, in part:—"Much has been done to check the prevalence of parasites among human beings, but more remains to be done. The risks of the spread of infection are especially great among children, for they are either unaware of the danger of contagion or unwilling to undergo the restraint which precautions entail. The spread of education has resulted in increased facilities for the spread of contagious diseases amongst children. Thus it has come to pass that in all large cities the vegetable parasitic diseases of the scalp are widely prevalent. A large proportion of all children are affected by some form of ringworm, and especially are the children of the less educated classes affected, for in this point it must be recognised that the less educated are really representatives of lower grades of civilisation."

The commissioners proceed to show that with the recognition of the necessity for sequestration, children known to be affected with ringworm were excluded from the schools, public and private. The weak point here was that, though the children were forbidden to associate with their fellows in the schools of the country, no attempt was made, or hardly any attempt worthy of the name was made, to prevent infected children from associating after school hours with those who were healthy. Meanwhile the infected children were excluded from educational facilities, perhaps for years.

Dr. James Kerr, the medical officer of the Education Committee of the London County Council, has said: "The extent to which ringworm prevails amongst school children at the present time is a serious handicap to about 5,000, many of whom have been compulsorily absent from the school for periods varying from a few weeks to as much as three years. The loss of education sustained by these children can never be regained. Calculations based upon an examination of the registers of a dozen schools taken at random prove that the loss of grants by reason of absence through ringworm alone amounts to £5,654 per annum,

so that any methods which can eradicate this disease, or even diminish its duration, must not only be welcomed by all educationists on behalf of the children, but will prove to be an important economic factor. The argument at one time put forward against taking the matter in hand was that proper treatment was not available, and that the only treatment which was available was tedious and very uncertain, but now that the method of treating this disease by X-rays has long since passed the experimental stage, and has been proved to be certain and rapid, and in the hands of experts absolutely free from risks of any kind, any argument against the adoption of this method no longer holds good."

After giving details of the result of treatment of ringworm by the X-ray method in various hospitals, the commissioners say:—"We may, therefore, take it as proved from the evidence which we have brought forward, and which accords with the opinion of practically all dermatologists, that at the present time the X-ray treatment is the most certain and the most rapid method of treatment of ringworm of the scalp, and that with care and in the hands of an expert no danger is incurred. This being the case, it has to be determined what is the best method of applying the X-ray treatment to the enormous number of children suffering from ringworm who now attend, or rather ought to attend, the public elementary schools of London. Only two methods can be suggested. Firstly, the work may be undertaken by the existing charitable institutions of the metropolis, or secondly, special centres might be established by the London County Council to deal with these patients. At present there have to be dealt with not merely the annual increase in the cases of ringworm but the many cases which have failed to recover under the older methods of treatment. At the present time about 1,000 cases yearly are added to the previously existing cases, so that for the next few years arrangements made must be able to deal with 1,000 new cases yearly in addition to the 5,000 cases which at present remain incurable. . . . The establishment of four ringworm centres in the County of London, each provided with two coils and worked by experts, would in the course of a year make a very appreciable impression upon the prevalence of the disease, and would probably by the end of the third year reduce it within considerable limits. For calculations based upon 500 consecutive cases show that, allowing for school holidays and for careful treatment of the induction coils, each centre could turn out 700 cured cases in one year."

## The Nurse in Private Practice.\*

### THE NURSE'S POINT OF VIEW.

By MISS BEATRICE KEST.

(Concluded from page 4.)

#### Economic.

From the economic aspect, the case for the private nurse is a bad one.

Her disabilities in this respect show as much as anything the evils of disorganisation.

The ways in which a private nurse earns her money are three, namely:—

1. By joining the private staff of the hospital where she was trained.

2. By joining one of the co-operative societies.

3. By nursing on her own account independently of any society.

No money that a woman earns can be, in the light of common justice, considered adequate if it does not admit of putting by for old age and a "rainy day." If a nurse joins the private staff of the hospital where she has been trained, she is paid a salary, commencing at £30, increasing by small yearly increments; the maximum rarely exceeds £45. This is not good enough if the nurse be fully trained. Of course it should not be necessary to make this proviso; unfortunately, however, completion of training is *not* always a *sine qua non* for enrolment on the private nursing staff.

There are hospitals where nurses (those probably who are smarter and more intelligent than others), who, *before* completion of their training, are so exploited. This is a *three-fold* injustice. It is an injustice to the sick, who pay for a *trained* nurse and ought to have one; to the probationer herself (for she is not yet a *nurse*); and a serious injustice to the trained nurse, who is competing with her. Cases attended by the medical staffs of such hospitals should, of course, be reserved for certificated nurses. Then, too, the absorption of about 50 per cent. of the nurses' earnings by Hospital Committees is an altogether wrong principle. The only fair and just principle for the employers of private nurses is, in my opinion, the co-operative principle.

By joining a co-operative society, the nurse earns more money and is in a more independent position; provided always that it is one of those that are worked on fair and honourable lines, such as the Registered Nurses' Society and the Nurses' Co-operation, both of which give their nurses all the money they earn, less 5 or 7½ per cent. for working expenses.

But if a nurse joins a co-operative society

she ought also to co-operate in its government. I believe the Registered Nurses' Society is the only one where the nurses are adequately represented on the Board, as they are members of the Society, and not merely members of the nursing staff.

By the third way in which a nurse can earn her money—namely, by working up a connection for herself—she may do pretty well, provided she is fortunate enough to secure a good connection, but it is a precarious method. I should like to speak for a moment longer of the co-operative system. If managed with equity and justice to the nurse, as in the two well-known cases I have just mentioned, it is an excellent system.

There are, however, a great many small, unrecognised private co-operations, managed—or I should say *mismanaged*—by people who know little or nothing of nursing, whose former lives have not fitted them for this work. They have no sympathy with the life and needs of a nurse; the term is misleading—they do *not* co-operate with the nurses. They charge them a most unfair percentage—namely, 12 15, 20, and in some cases even 25, per cent.! These people debase the nursing profession into a mere business of commerce and speculation. This is oppression—it is *sweating*. Nurses cannot cope with it.

It might be urged that nurses should not join such institutions. My answer to this is, the older nurses cannot always join the good co-operations: they are debarred by limitations of age and lack of vacancies; but that is a side issue; it is a great evil, and ought not to exist. From an ethical point of view, this sweating is equally mischievous. The anxiety caused by it is liable to deplete the energy of the nurse and crush the high ideals that ought to dominate her thoughts and life, by forcing upon her unduly the consideration of gain. The lawful gains of the employer and employed must be considered, but I am dealing with the *unlawful* gains of the employer.

There are three distinct economic disabilities from which private nurses suffer:—

*First:* Unfair competition with untrained nurses.

*Secondly:* These unmentionable institutions to which I have referred, and which are a blot upon the escutcheon of the profession.

*Thirdly:* Private nurses have bad debts sometimes, like doctors, but unlike doctors they have no Defence Union.

And the remedies?

1. Organisation and control of the profession by an authority appointed by the State.

2. The establishment of a Nurses' Defence Union for more purposes than one.

\* Read at the International Congress of Nurses, London, July, 1909.

I think the principal graces required in a private nurse are *adaptability* and *tact*—*illimitable tact*—the "touch faculty." These are, of course, embodied in the one potent word, *imagination*.

She requires to be continually re-adapting herself to new characters and new surrounding; she has to be continually re-moulding her own character to suit the diverse characters of her patients. For instance, the attitude that suits Mrs. Jones admirably will not do at all for Mrs. Smith.

The private nurse needs to cultivate the wisdom of the serpent with the harmlessness of the dove, in order to gain the necessary insight into character and knowledge of human nature. Then she will not fall into the error of the nurse who told her patient—a cantankerous old gentleman, who refused to take his medicine when she brought it at the precise moment ordered—that she must remain there till he did take it. Losing his temper, he took it from her and poured it on the floor in front of her! Had she waited for the psychological moment to offer it, she would probably have won him over. That nurse was probably very conscientious, but without tact or wisdom.

"The greatest study of mankind is man," and the private nurse has need of it quite as much as the poet and the novelist.

I would urge upon all would-be private nurses the necessity of cultivating their minds. In a prolonged illness, followed by weeks of convalescence, companionship is needed quite as much as skilled nursing, and a nurse makes a poor companion if she cannot stretch her mind beyond "the blood and muscle" of her profession. A good all-round education is the private nurse's most valuable asset; and if Nature has endowed her with a pretty wit, so much the better. A nurse in private practice requires to be a good conversationalist, and one cannot converse unless one reads and thinks. I would recommend the private nurse to avail herself of any and every opportunity of reading standard works of prose and poetry, also the newspapers, especially the leading articles, the best professional journals, and all good current literature. If a nurse has the *taste* for it, she will find or make time somehow. I believe, too, that a good deal of the depression that assails private nurses might be combatted by this means, besides which their value to their patients would be largely increased. They must know what is going on in the world.

Those long weeks which two people pass in such close companionship can be productive of much mutual pleasure if the nurse can throw herself easily into the intellectual pleasures of her patient. There is no intellectual gift that a

woman can possess that comes amiss in private nursing.

This long and close companionship often begets confidences, too, between the patient and the nurse. The sacred duty of honourably guarding such confidences I need scarcely suggest; and yet there are some who are careless in this matter.

One often hears that we nurses are not what we were a decade or two ago—in other words, that we have fallen from our ideal. I fear we must admit that there is some truth in this. Bishop Wescott said: "Ideals are the very soul of life." If, therefore, we lose the vision of our ideal, we rob the profession of its soul. I think this deterioration is largely due to the fierce competition that at present rages—the trained nurse with the untrained woman. We shall get back to it, I am sure, for better times are coming.

## Progress of State Registration.

### THE CENTRAL REGISTRATION COMMITTEE.

The following Medical and Nursing Associations have accepted Lord Amphil's invitation to appoint delegates to attend a Conference when it is hoped that a "Central Registration Committee" may be definitely organised to support a Bill for State Registration of Nurses. The British Medical Association has been good enough to place the Council Room at its office, 429, Strand, W.C., at Lord Amphil's disposal, and he has summoned a meeting for Tuesday, January 25th, at 3.30 p.m.

#### LIST OF DELEGATES.

*The British Medical Association.*—Sir Victor Horsley, F.R.S., F.R.C.S., Mr. T. Jenner Verall, M.R.C.S., Brighton; Dr. J. A. Macdonald, Taunton; Dr. R. C. Buist, Dundee; Mr. J. Smith Whitaker, M.R.C.S., Medical Secretary, B.M.A.

*The Matrons' Council of Great Britain and Ireland.*—Miss Isla Stewart, Matron and Superintendent of Nursing, St. Bartholomew's Hospital, E.C.; Miss Heather-Bigg, Matron, Charing Cross Hospital, W.C.; Miss G. A. Rogers, Lady Superintendent, The Infirmary, Leicester; Miss H. Todd, Matron, Wandsworth and Clapham Poor Law Infirmary; Miss M. Mollett, Matron, Royal South Hants Hospital, Southampton.

*The Society for the State Registration of Trained Nurses.*—Dr. Bedford Fenwick, Miss Sidney Browne, R.R.C., late Matron-in-Chief, Queen Alexandra's Imperial Military Nursing Service; Miss H. L. Pearse, Superintendent, London County Council School Nurses; Miss M. Breay, and Mrs. Bedford Fenwick.

*The Fever Nurses' Association.*—Dr. E. A. Goodall, Medical Superintendent, Eastern Fever Hospital, Homerton; Dr. F. Foord Caiger, Medical Superintendent, South Western Fever Hospital, Stockwell; Dr. Biernacki, Medical Superintendent,

Plaistow Fever Hospital; Miss E. M. Bann, Matron, Brook Fever Hospital, Shooters Hill; Miss L. A. Morgan, Northern Convalescent Hospital, Winchmore Hill.

*The Irish Nurses' Association.*—Miss L. V. Haughton, Matron, Guy's Hospital; Miss Kelly, Lady Superintendent, Dr. Stevens' Hospital, Dublin; Miss Sutton, Lady Superintendent, St. Vincent's Hospital, Dublin; Miss Keogh, Lady Superintendent, Richmond Hospital, Dublin; Mrs. Kildare-Treacy, Lady Superintendent, City of Dublin Nursing Institution.

*The Scottish Nurses' Association.*—Sir William Macewen, F.R.S., F.R.C.S., Dr. McGregor Robertson, F.R.S., F.F.P.S.; Miss Wright, Matron, Stobhill Hospital, Glasgow; Miss F. Tisdall, Nursing Home, Glasgow; Miss K. Barleigh, Lady Superintendent, Royal Hospital for Sick Children, Edinburgh.

*The Royal British Nurses' Association.*—The delegates are not yet nominated.

#### ACTION OF THE BRITISH MEDICAL ASSOCIATION

In our last issue we drew the attention of nurses to the necessity for bringing the question of their Registration by the State before Parliamentary candidates in every constituency during the coming elections. This week it is with great pleasure we record that the Medico-Political Committee of the British Medical Association has taken the same view. This Committee has drawn up memoranda and questions, on Parliamentary subjects affecting the public health and the medical profession, for the purpose of submitting them to Parliamentary candidates, which are published in the Supplement to the *British Medical Journal* of January 1st. Copies of these questions have been sent to the Hon. Secretaries of every Division in the United Kingdom, and with them a request that each Division should at once seek to interview each candidate for Parliamentary constituencies within its area, and offer him, if elected, the cordial co-operation of the Division in considering Parliamentary questions affecting the public health or the medical profession. The five questions selected by the British Medical Association as of primary importance include Nurses' Registration, which it presents as follows:—

##### NURSES' REGISTRATION.

###### Memorandum.

The evidence given before the Select Committee of the House of Commons on the subject of Nurses' Registration, and the report of that Committee, sufficiently indicated the strength of the opinion among nurses, and others who have given special attention to the subject, that there should be a system of State Registration of Nurses which would afford a guarantee of training, and, if proper disciplinary powers were entrusted to the Board, a guarantee of good conduct. The careful consideration of the subject by the British Medical Association for three years indicated the strong

preponderant opinion in the medical profession in favour of the State Registration of Nurses. In the opinion of the Association any central board appointed for the purpose should consist of direct representatives of nurses and of the medical profession, respectively in equal proportions.

##### Question.

Would you support in Parliament a Bill for the State Registration of Nurses on the general lines of the recommendations of the Select Committee of the House of Commons on the subject, but the Central Nursing Board being constituted as above described?

Nurses who owe much to the British Medical Association for its powerful support will be grateful that through its great organisation it has brought the question of their Registration by the State prominently before Parliamentary candidates, at a time when, to quote the leading article in the *British Medical Journal* on the subject, "the opportunity should not be lost of bringing to the notice of candidates, in their present impressionable state, those problems awaiting legislative solution, in which the profession is specially interested. The mind of the candidate is wax to receive, and may, perchance, prove marble to retain. At any rate, there will be no such opportunity, until another general election comes round, of directing public attention to medical needs." The article proceeds to state that the memorandum of the Medico-Political Committee deals with the "most important matters which are considered to be ripe for action. . . . The list might, no doubt, easily have been lengthened, but it was probably felt that the subjects enumerated would suffice, and that it would be impolitic to overburden candidates with a more extended list of questions."

We feel sure that nurses will be stimulated also to do their utmost to bring the question of their Registration by the State before Parliamentary candidates in all the constituencies. Although they have not the strong lever, which the members of the British Medical Association possess in the Parliamentary vote, yet they also can help to give prominence to the question, and the Central Office relies upon all members of the State Registration Society to do everything they can to forward the movement at this time.

One way in which they can help, in addition to communicating with Parliamentary candidates, is to take collecting cards, and help to raise the necessary funds. Cards for collecting 10s., £1, or £5, can still be had from the Hon. Secretary, 431, Oxford Street, London, W. All that is needed is cash to finance the campaign, which, founded in righteousness, must ultimately end in victory.



## The Importance and Progress of School Hygiene.

The presence of three distinguished delegates at the International Congress of Nurses in London last year, sent by the Government of Cuba, demonstrated to the nursing world that this Republic is exceedingly alert and progressive in sanitary and nursing matters, and we are therefore not surprised to learn considerable attention has been paid to school hygiene. A recent issue of *Sanidad y Beneficencia* contains an interesting editorial article by Dr. Joaquín L. Dueñas, the Chief of Medical School Inspection, on the "Importance and Progress of School Hygiene," and the present organisation of this service in the City of Havana.

Dr. Dueñas says in part:—A few months before the establishment of the Republican Government in Cuba, the Municipal Board of Health, elected at the beginning of the American intervention, created in 1901 a service of school inspection, conducted by six physicians under the immediate orders of the Chief of the Municipal Sanitary Services.

Not long before, under the auspices of the same Government, a far-reaching reform in the school curriculum was carried out, and a large number of public schools founded, primary instruction being in this way extended through the country.

The service of school medical inspection created by the municipality had an ephemeral existence of four or five months, and was discontinued as a result of certain changes effected in the organisation and technical personnel of the Municipal Sanitary Services.

At the constitution of the Republic in 1902 the Sanitary Department of Havana assigned to two of its medical inspectors the duty of visiting periodically all the schools, with the object of enforcing the sanitary ordinances with respect to the requirements which they contained regarding public and private hygiene. The schoolhouses and the children were examined from that time; and those who required it were vaccinated, and those who lived in infected houses were not allowed to attend the schools. Finally, the medical inspection of schools was entrusted to a single physician, and it was precisely the deficiency of this service, which was languishing with notable injury to the public health, which brought about the organisation implanted since the month of April, 1909, by our Secretary of Health and Charities, Dr. Matías Duque.

The Supervision of School Hygiene, as it has lately been organised in connection with the

recent sanitary reforms, represents one of the branches into which the section of medical inspection is divided. This section has been constituted in the following form:—First, a Bureau of Medical Inspection, devoted chiefly to the investigation and prophylaxis of contagious diseases; second, a Bureau of Bromatological Inspection; and third, a Bureau of School Inspection. The present organisation of this last department is far superior to any of the previous systems which have been introduced in this country for this object. Stricter responsibility, fuller authority, and more complex duties in harmony with the modern tendencies of this class of sanitary services, are the distinctive features of the new official organisation, which responds in this way to the peremptory demands of the child population in the schools of Havana. It is quite evident, from the brief description which has already been supplied, that there was wisdom on the part of the first rulers of the country at the beginning of the period of political, moral, and intellectual renaissance, which led them to begin the movement of social reforms by taking as their starting point the reorganisation of the schools and the preservation of the health of the children. The union of both ends, education and health, is an indispensable requisite for the constitution of a progressive State. The first of these factors, education, is the solid foundation, *par excellence*, for the attainment and preservation of self-government. And it is precisely in the Republican form of government, as Montesquieu has said, that the whole force of education is most necessary, because the quality of the legislators depends directly on that of the electors.

The second factor, health, is the basis of all the functions, a necessary foundation to resist the noxious influences which may exist in the school. Without health the development of the body is retarded, physical vigour declines, and the mental faculties are weakened; the work of the teacher is likely to be wasted, and often proves prejudicial. In human society the loss of health prepares the way for the degeneration of the race, for the increase of mortality and the extinction of the community. And without strong and healthy men there can be neither energies nor enterprise, nor material aggrandisement, nor national riches. It is, therefore, necessary to defend the health of the young, because they constitute the hope of the future. In the family and in the school, the physician has to be the best guardian. And as the English poet, Wordsworth, said: "the child is father of the man,"



so society should make of him a strong and well-constituted being, capable of contributing to the betterment of the race, and of raising the degree of physical culture of the generations to come.

The mission of the teacher is to educate without injuring the health of the child, without bringing on fatigue or mental exhaustion. The distribution of the school work, the employment of the time, the hours of recess, the methods of instruction, and whatever relates to the mental discipline of the child, has to conform to certain principles and proceedings which can only be obtained in the field of physiological psychology.

It is evident that the physical education of the child and his mental discipline should be accompanied by the teaching and practice of morals in the home. And morals are also health. To teach the child good principles and good habits, to guide the development of his conscience and the cultivation of his sentiments, in order to leave in his heart, as Riant has said, a fruitful and lasting impression, is to do a work of preventive hygiene, the results of which can only be appreciated at the hour when the passions are kindled. Moral education guarantees the existence and the progress of a community. When the educative mission is disregarded the virtues become corrupted, the instincts predominate, and the intellect withers.

The very careful attention which learned men in all countries have given to the study of this arduous social problem has made evident to the governments of the world the necessity of lending their intelligent and effective co-operation to the useful work of human selection. It is not strange, therefore, that school and sanitary legislation should have been subjected in recent times to constant reforms, until they have attained the degree of perfection which is to-day observable in the public administration of the most cultured nations. Notwithstanding the feeling of alarm which was created among teachers by the establishment of the new system, in spite of the conflict which sometimes occurred between the sanitary and the school authorities, in spite of the misgivings of the parents, of the indifference and disdain of the sceptics, of the popular resistance, and even in spite of the protests of certain physicians, who condemned the inspection of the school children as a new form of competition in professional life, the organisation of this service was not long in winning a place for itself as a social necessity, and since then this branch of sanitary services has acquired all the interest and importance of a real form of social defence.

## Conference of Nursing Superintendents in India.

The annual Conference of the Association of Nursing Superintendents of India was held in Agra on December 8th and 9th. The Sessions were held at the residence of Rev. J. P. Haythornthwaite, Principal of St. John's College. Mrs. Haythornthwaite had kindly offered to arrange for the entertainment of the delegates, and the success of the Conference is largely due to her untiring efforts and generous hospitality.

The first Session was opened by Rev. Theodore, Wynkoop, of Allahabad.

In the absence of the President, the opening address was made by the Vice-President, followed by the report of the Secretary and Treasurer.

The following officers were elected for the ensuing year:—

*President*.—Miss Tippetts, Mayo Hospital, Lahore.

*Vice-President*.—Miss Creighton, Jaunpur, U.P.

*Secretary and Treasurer*.—Miss Thorpe, Belgaum, Bombay Presidency.

Miss Tindall, Cama and Allbless Hospitals, Bombay, was appointed a member of the Executive Committee.

Ten new members have joined the Association during the year.

The following papers were read and discussed:—"Provincial Training Schools in India," Miss Martin, St. Catherine's Hospital, Cawnpore. "Some Advantages of Joining the Trained Nurses' Association of India," Miss Mill, St. George's Hospital, Bombay. "Three Years' Training," Miss Tindall, Cama and Allbless Hospitals, Bombay. "Private Nursing and Nurses in India," Mrs. Davies, Chief Lady Superintendent, Lady Minto's Indian Nursing Association, Simla. "How are We to Find a Better Class of Indian Girl for Training; and is it Wise to Raise the Standard?" Miss Creighton, Jaunpur, U.P.; Miss Ferguson, Palwal, S. Punjab.

A provisional constitution and by-laws were drawn up for the Trained Nurses' Association of India, and arrangements were made to publish a monthly journal as the organ of the two Associations.

The first number of the Journal will consist chiefly of the reports of the Conference, and will, it is hoped, be ready by February 1st, 1910. The magazine will be edited by Mrs. Klosz, Akola, Berar, and Miss Thorpe, Belgaum, will be its manager.

J. W. THORPE.

## International News.

### FROM BELGIUM.

We learn that Dr. F. Sano, of Antwerp, is already kindly interesting himself in the 1912 International Meeting, that there is great satisfaction in Belgium that it is to be held so near as Cologne, and already there is active movement towards affiliation. This is very pleasant news, as all the fraternal delegates from Belgium were so charming and kind in London that we should all be happier to have a Belgian Council of Nurses within the international group.

### FROM GERMANY.

Sister Karll, our President, writes that information has been sought of her by the German Home Secretary concerning the work of the International Council, and this for the Imperial Consul-General at Sydney. This is typical, we fear, of the two nations. Whilst our own people in Australasia have so far taken little interest in this wonderful Federation of Nurses, founded in England, German officials in our Commonwealth appeal to their Home Office in Berlin for information! Sad but true.

During her recent South German tour, Sister Karll found such an enthusiasm for Cologne that she writes: "I feel sure the Gürzenich which will hold 1,278 persons, will not be too large for our needs, and we shall feel quite happy in the place where German Emperors were feasted hundreds of years ago, and the Rhine is just the right course to Kaiserswerth if we go about it the right way. My tour was highly interesting, and I hope has done much to further our ends. In my lectures in Munich, Tuebingen, Stuttgart, Heidelberg, and Frankfurt, I reviewed the conditions of the nursing profession in Germany, and explained the work of our International Council, and gave a report of our splendid Congress in London. Doctors are enquiring about State Registration—one would start a nursing school to prepare for it, the nurses to be taught nursing by nurses. He told me our Association should train teachers for the training schools. Isn't that good? Another wishes all information about post-graduate teaching in England and America. I told him of Miss Nutting's system in New York. This pleased him greatly, and he is coming to Cologne."

"Germany has had a great loss and sorrow in the death of one of our dear old pioneers—Frau Lina Morgenstern. You may have met her in 1904, as she was one of the best-known women in Berlin. She was a great and successful social reformer. She started the first public kitchens in 1866, and worked in them to the

last, though she was 79! In 1907 she showed Miss Nutting and me one herself, and also one of her household schools, and told us many stories of her wonderful life. In 1870-71 she and her husband, who is blind, and at least 84 years old, never left the Berlin railway stations for weeks by day or night to bring nourishment to the wounded and sick soldiers who were brought to Berlin, or passed through. She started the Association for Kindergarten, and another to diminish infant mortality (Kinderschutzverein), also an Association of Housewives, to enable the buying of household goods in large quantities at cheaper rates. She edited the Journal for Housewives, and wrote much. A dear old soul—a blessing to have known her personally. Is it not strange that Frau Morgenstern and two other of our elder leading women pioneers are Jewesses—all very simple, kind, and not rich—as they have given to others all that they had?"

## Practical Points.

Dr. Thomas D. Luke, writing in the *British Medical Journal* on the subject of the preparation of soured milk,

says:—I have been working at the matter from the dietetic standpoint during the past year, and have, like many other medical men in all probability, been disappointed with the results obtained with the different lactic acid tablets on the market; also with the comparative uselessness of the simple apparatus sold with these tablets for preparation of the sour milk. With any of these in our climate it is next to impossible to keep the temperature from varying considerably, and especially from falling below that at which the optimum growth of the bacilli and formation of the acid takes place. I have tried almost all the tablets on the market, and one liquid culture sold in small tubes. This last, on the whole, was best, but almost prohibitively expensive. I have now adopted the use of milk cultures, and find with a temperature of 108 degs. to 110 degs. a very pleasant curdled milk is obtained in about five hours. I use a small portion of the curd of the previous day—about a salt-spoonful suffices.

I have replaced the simple tin apparatus and night-light by a wooden box about 2 by 2 by 3 ft., lined with asbestos, and fitted with a metal tray, sliding out, and placed over two eight candle-power electric lamps, with the thermometer passed through the top of the box, as in a bacteriological oven. The front side of the box falls down by means of a hinge, allowing the removal of the metal tray, which will hold some thirty glasses of milk. The front is fitted with a little sliding door about 2 m. by 8 in., and by means of this a supply of cooler air is regulated to keep the box from getting too hot.

This apparatus was made for me by a joiner, is inexpensive, and serves for the culture of any germs on suitable media.

## A Nurse's Notes on Hernia.

A hernia is a protrusion of any internal part contained in a cavity, either externally or into a neighbouring cavity. A hernia always consists of a sac, its contents and the soft parts covering it.

The *sac* is formed of peritoneum, and generally has a neck, caused by the contents pushing the peritoneum before it, and then expanding after getting through. This neck is important because this is where strangulation may occur.

The *contents of sac* are usually small intestine or omentum (but in rare cases the bladder, large intestines, and other organs have been found in a hernia).

The *soft parts* covering the sac vary with the position of the hernia, but may roughly be said to consist of skin and various fascia, according to position of the hernia.

An abdominal hernia or rupture signifies a protrusion of viscous through an opening in the walls of the abdominal cavity, and may occur at any part or abdominal wall.

Hernia are most common in the inguinal region, femoral region, and round the umbilicus, since in these places the walls are naturally weaker than elsewhere. Hernia is more common in men than women (in proportion, four to one). It is very common in men who have to lift heavy weights. Other causes of hernia are non-closure of canals, unusual length of the mesentery, etc. Some children are born ruptured, then such hernia are called congenital.

*Inguinal hernia*, a protrusion through one or both abdominal rings at the groin.

*Femoral hernia*, a protrusion behind Poupart's ligament.

*Umbilical hernia*, a protrusion at the navel.

### SYMPTOMS OF HERNIA.

The patient complains of a lump which may disappear when he lies down; if he coughs the lump is protruded, and on handling it gurgling may be heard.

The treatment of simple hernia may be palliative or curative. By palliative is meant the use of suitable trusses to keep the hernia in its place. (A truss is an instrument composed of a pad or cushion connected with a metallic spring and strap so arranged as to prevent the rupture coming down.) The curative method or radical cure consists in cutting down on the stricture at the neck, replacing the intestine in the cavity, and then stitching together the part of the wall through which the hernia protruded.

When a hernia is down in the sac, and can be pushed back by the patient or the surgeon, it is called a *reducible hernia*; if it cannot be put back it is an *irreducible hernia*, and when the neck is constricted the hernia becomes strangulated, the constriction prevents the contents passing along, and unless the patient is operated upon he will die in a very short time.

If a hernia is irreducible a truss must not be worn, or the pad will press on the intestine and

cause obstruction. In these cases a bag truss is used.

If the patient has a cough the truss must be worn by night as well as day.

In strangulated hernia efforts are made to reduce the hernia by taxis. If the patient can bear it he is given a dose of tincture of opium, and while he is in a hot bath the surgeon again attempts to reduce it. If this is ineffectual an operation must be performed as speedily as possible, or the constricted portion will become gangrenous, the patient will get fecal vomiting and rapid pulse, soon becoming quite listless, and death eventually ensues.

### INSTRUMENTS REQUIRED FOR THE OPERATION.

Scalpel, probe-pointed curved bistoury, hernia knife, director, probe, dissecting and catch forceps, artery forceps, scissors, retractors, Murphy's button, needles on handles, surgical needles, and a needle holder.

The wound is dressed aseptically, and dressing kept in place by a firm spica bandage. A morphia suppository is usually given to keep the bowel at rest. The patient is put to bed with a pillow under the knees, and a cradle placed in position to prevent the bedclothes from pressing on the abdomen.

If the patient is sick or coughs, the nurse must place her hand over the dressing to support the wound. The patient must not strain or sit up in bed at first. No nourishment is given by mouth for 24 hours after operation, but a little ice may be given to suck, and the mouth can be washed out frequently with warm water. After 24 hours a nutrient enema or nutrient suppository is given, and gradually the patient begins to take small quantities of milk, beef tea, meat essence, etc. No solid food is given until the bowels have acted which they usually do naturally, but if not an enema is usually given on the fifth or sixth day, or, if there is great distension, earlier. Of course, the patient's back must be well looked after as he rests very heavily on the bed.

V. J.

## Legal Matters.

### A BROKEN CONTRACT.

The Guardians of the Isle of Thanet Union had recently before them the case of a nurse—Miss Helps—who, having been appointed by them, failed to take up the duties or to give a satisfactory reason for her refusal. The Board are claiming £2 10s. in lieu of notice, and have decided that unless the money is paid within a month that they will take proceedings to recover the amount.

Boards of Guardians are constantly troubled by peripatetic nurses, who apply for posts, are interviewed, receive their expenses, accept appointments, and then fail to keep their contracts. We wonder that they do not oftener enforce their claim against the defaulters; a few instances of this kind would effectually put an end to the nuisance, and prevent the rate-payers' money being uselessly expended upon nurses who do not know their own minds. If a nurse applies for a post and is appointed she should honourably fulfil the engagement.

## Appointments.

### MATRONS.

**Isolation Hospital, Tonbridge.**—Mrs. E. Yates Shelton has been appointed Matron. She was trained at the Monsall Fever Hospital, Manchester, and has held the position of Assistant Nurse at the City Fever Hospital, Sheffield, and of Charge Nurse at the City Isolation Hospital, Birmingham.

**Moxden Hospital, near Isleworth.**—Miss S. Long has been appointed Matron under the Richmond, Heston, and Isleworth Joint Hospital Board. She was trained at St. Marylebone Infirmary, and has held the position of Charge Nurse at Gore Farm Hospital, Dartford, under the M.A.B., and also at Biggleswade Hospital, and has also been Sister, Night Sister, and Assistant Matron at Enfield and Edmonton Isolation Hospital, Winchmore Hill. She has also had experience of private nursing in Eastbourne and Hastings.

### ASSISTANT MATRON.

**Kingston Union Infirmary.**—Miss Kate A. Kirk has been appointed Second Assistant Matron. She holds the three years' certificate of the Infirmary, and has also held the positions of Staff Nurse and Sister in the same institution. She is a certified midwife. The position is a new one, created by the Guardians on account of the increase of work.

### QUEEN ALEXANDRA'S ROYAL NAVAL NURSING SERVICE.

Miss H. M. Hayward has been appointed a Nursing Sister on probation in Queen Alexandra's Royal Naval Nursing Service. She was trained at the Sussex County Hospital.

Miss M. J. R. Sleigh has been appointed a Nursing Sister, on probation, in Queen Alexandra's Royal Naval Nursing Service.

### KAISAR-I-HIND GOLD MEDAL.

The King has been graciously pleased to make the following award of the "Kaisar-i-Hind Medal for Public Service in India" of the First Class:—Miss Alice Comley, Lady Superintendent, St. Mary's Home, Calcutta.

### QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

**Transfers and Appointments.**—Miss Clara Reeve, to Darwen, as Senior Nurse; Miss Isabel Nicoll, to Brixton, as Senior Nurse; Miss Mary Simpson, to Cheltenham, as Training Midwife; Miss Mary C. Jones, to Normanby Park; Miss Elizabeth Colburn, to Birmingham, East Branch; Miss Lucy M. I. Appleford, to Bedford; Miss Edith Deadman, to Bedford; Miss Edith Andrews, to Iver; Miss Wilhelmina McKinnell, to Little Shelford; Miss Kate Hastings, to Widnes; Miss Kate Heastie, to Pemberton; Miss Edith Wright, to Leamington; Miss Miriam Mills, to Hastings; Miss Ada Marsdin, to Cheltenham; Miss Henrietta Fischer, to Chard; Miss Edith M. Jeffreys, to Street; Miss Frances Cornelle, to Holyhead; Miss Margaret Nugent, to Bethesda; Miss Jane Heaton, to Manorbier; Miss Margaret Williams, to Corwen.

### LOCAL GOVERNMENT BOARD EXAMINATION.

On the 7th, 8th, and 9th of December, the Local Government Board held at Glasgow University and Glasgow Western Infirmary an examination for the certification of trained sick nurses. Forty candidates presented themselves for examination. The examiners were Dr. J. O. Affleck, Dr. D. J. Mackintosh, and Dr. W. J. Richard, who were assisted in the practical part of the examination by Miss H. Gregory Smith, Matron of the Western Infirmary, Glasgow, and by Miss F. A. Merchant, Matron of the Eastern District Hospital, Glasgow. The following candidates have passed in one or more subjects of examination: Those whose names are distinguished by an asterisk have completed the examination, and are entitled to the certificate of efficiency granted by the Local Government Board:—E. Aitken, M. Allan, A. M. Asher, \*M. G. Bathgate, \*A. T. Burnett, J. M. Campbell, H. T. Davidson, K. F. Deas, \*M. Drummond, M. F. Gemmell, J. W. F. Henderson, I. Hepburn, B. P. Hindewell, H. J. \*M'D. Irving, \*E. Jenkins, J. Johnstone, C. Kippen, \*E. Murray, \*M. G. McArthur, \*H. W. MacClymont, A. B. McCall, \*A. R. Macdonald, F. M. Macdonald, L. Macdonald, A. M'Ivor, \*M. A. Mackechnie, J. R. Mackenzie, J. D. Mackenzie, D. McLean, A. Macmillan, J. Paton, E. H. Scott, M. Sievwright, J. G. Tait, \*E. Tomlinson, \*E. E. Tomlinson, A. Urquhart, A. Westwood, G. V. Winter.

### PRESENTATION OF PRIZES.

The Ogilvy Dalgleish Medal, awarded at the Royal Infirmary, Dundee, to the nurse of greatest merit, has been won by Nurse Stewart-Richardson. It was presented last week, and prizes were also presented to Nurses Tindall, Fisher, and Drummond Hay amongst the seniors; to Nurses Steggall, Edward, and Geddes in the second year; and to Nurses Dewar, Henry, and Dick amongst the juniors.

### PRESENTATION TO MISS SHUTER.

Mr. Fane Vernon, D.L., presided at a meeting in the Board Room of the Royal City of Dublin Hospital, Dublin, on December 30th, when Miss H. Shuter, who is resigning the position of Lady Superintendent, was presented by her friends with a purse of sovereigns and other gifts, and Mrs. Dudgeon, on behalf of the Ladies' Committee, presented her with a gold watch bracelet. In expressing her thanks for the gifts, and the kind words which accompanied them, Miss Shuter said she was glad to know that her successor, Miss Edison, was coming straight from her old hospital, St. Thomas's, London, as she would have had a good training, and bring with her up-to-date methods.

### NURSES' MISSIONARY LEAGUE.

It has been arranged to hold the fourth Nurses' Missionary League Camp from June 22nd to 29th, 1910. It is hoped that as many members as possible will keep this week free, and join the party. They will probably go again to Mundesley-on-Sea, as in the last three years, but all particulars will be given later.



## Nursing Echoes.



We note with pleasure that in the press reports of hospital Christmas functions, the Matrons and nurses come in for much praise, as it is certainly greatly owing to their energy and good management that these reunions are so bright and enjoyable. Many not only collect special funds for the purpose of giving the patients a happy time, but give generously themselves, and many pathetic little stories are told of the gratitude of the patients. One from Dundee we think very touching. A little fellow at the Royal Infirmary who had been clothed in garments contributed by hospital friends was seen by a nurse to steal towards the money-box in the ward, and surreptitiously drop in something. On being questioned as to his action, the boy reluctantly owned that he had been putting in the ha'penny his mother had given him that day, to prove his gratitude for all that had been done for him. And remember that was a Scottish laddie, parting with his only "bawbee."

The Christmas season at the Prince of Wales' Hospital, Tottenham, has left many pleasant recollections in the hearts of all who spent it within its walls. Christmas Day was kept right royally, and on Tuesday, a gigantic Christmas tree reared its head right up to the ceiling in the biggest men's ward, and thither were transported all such as could possibly walk or be carried there. Each patient who had any juvenile belongings was allowed to invite two, and while one side of the large ward was packed with beds, couches, and cots for the use of the in-patients, the other was crammed with small visitors on forms and chairs, their elders finding standing room at the back. A fine display of animated pictures by Messrs. Maskelyne and Devant gave great entertainment to all, and was followed by a distribution of the gifts from the tree to everyone present. Tired out with delights at last, and more than half asleep, yet still hugging closely the gift of Teddie bear or doll from the tree, the little ones from the children's ward were afterwards carried back to their cots, there to go over it all again in their dreams. During the evening, the other wards were all open for inspection, and their variety of illuminated decorations were much admired by the visitors. A representation of the North Pole executed in plaster

of Paris by one of the Sisters, with bears and Esquimaux dressed in lint attracted much attention in the children's ward. A miniature Japanese tea garden occupied a table generally devoted to the doctors' use, and a Maypole dance of daily dressed dolls made a bright spot of colour in one of the women's surgical wards.

New Year's afternoon was dedicated to the out-patient children, of whom two hundred of the poorest were gathered at the invitation of the Matron, Miss Fox, in the large waiting hall, where a Punch and Judy show was provided for them, a gramophone to entertain them while they discussed a bountiful tea, gifts being afterwards distributed to all before they left. To judge by the noise and the happy faces, this too was a decided success.

The Christmas Tree at the London Homoeopathic Hospital, Great Ormond Street, W.C., is always looked forward to with delight by the little inmates of Barton Ward, and this year the entertainment given in connection with the distribution of its fruit took place on Thursday last week. The expenses were defrayed from a special fund collected by the Matron, Miss Clara Hoadley, who, with the Sisters and nurses, had also decorated the wards most tastefully. A feature of this Tree is always the surprise presents for the officers, medical staff, and nurses, arranged by those who are well acquainted with them, their tastes and eccentricities; these gifts occasioned much laughter, and seemed to be highly appreciated by the recipients. They were distributed by the senior surgeon, Mr. Knox Shaw, who quite entered into the spirit of the fun. Tea was served in Durning Ward, where Sister May presided and made all the guests welcome.

The Committee of the hospital are appealing for £10,000 to build a Nurses' Home, in which it is hoped to give each nurse a separate bedroom. Donations to the fund for this purpose will be gratefully acknowledged by the Secretary, Mr. E. A. Attwood.

A most pleasant "At Home" was given on the invitation of the Guardians of the parish of Marylebone at the Infirmary, Notting Hill, on Thursday in last week. A general invitation was extended to the ratepayers of the parish, and invitations were also issued to the friends of the institution, and of the nursing staff. The guests were received by the Matron, Miss S. J. Cockrell, kindest of hostesses, and tea was served in the spacious Board Room, which was crowded with the numerous guests who had come to show their good will to the Infirmary, its inmates, and staff.



The wards looked charming, and a great deal of thought, ingenuity, and taste had been brought to bear on their decoration. In one ward the doorway was converted into an arch of white and purple clematis, and opposite was a large silver tripod and basket filled with purple flowers, the effect of which was excellent. Then the pretty coloured shades over the chandeliers down the centre of the wards make them look very festive. Most pleasant of all, it was to hear the enthusiasm with which the patients, both men and women, spoke of the care and kindness which they received both by day and night. "A Happy Christmas, yes, indeed," said one old man, "it couldn't be anything else under the circumstances," and an old lady, beaming all over with pleasure and content, explained that it was the first time she had ever been in a hospital, but she should always speak up for them; as for the nurses, it was impossible for her to say enough about them.

The probationers sitting-room had been most beautifully decorated by their clever fingers, and in the place of honour over the fireplace was their cherished possession, a model of Miss Florence Nightingale, surrounded by sprays of almond blossom—not imported from Japan, as the uninitiated might suppose, but made by the nursing staff.

The whole building was thrown open for inspection, and most interesting were the new kitchens, just opened, with every convenience and labour saving appliance, for serving this great household. Attached to it is the bakehouse, where over 200 great loaves are turned out daily, and most appetising does the bread look and smell. Then there is the dairy, where all the milk is received, filtered, and sterilised, then run into great cans for delivery to the various departments. Here also the supply is tested daily to ensure that it contains its full complement of cream. The whole apparatus is most up-to-date and interesting. A delightful afternoon ended with carol singing in the wards.

The Christmas Entertainment at St. Bartholomew's Hospital, by the Amateur Dramatic Club, took place on Tuesday and Wednesday evenings in the Surgery, to which a covered way was arranged from the Smithfield Gate. Mr. Harold Seawin, the Stage Manager, is to be congratulated on the excellent playing of the two amusing farces, "A Regular Fix" and "Vice Versa."

Acting on what we consider the unsound advice of the Local Government Board, Miss H. A. Clark has resigned her position as Charge Nurse at the Edmonton Infirmary. Miss Clark

was called upon to resign at a very heated meeting of the Guardians, for addressing a letter to the public press, which they considered "insubordinate." Apparently the Local Government Board supports the contention of the Guardians that they have a right to discharge a female officer with 14 years' faithful service to her credit for such an action. Here we disagree with it, and Beaconsfield's pithy saying, "Never resign," is sound advice to those required to do so unjustly. Much better stick to your rights, and be discharged.

Miss Clark has expressed sorrow for hurting feelings (the truth is so often unpalatable), and as she contends that she has committed no breach of duty she has asked the Guardians for a testimonial, and to be permitted to remain at her post until she obtains another appointment.

To this they agreed, having had, apparently, time to cool down since their violent attack on this nurse in the Board Room at a recent meeting.

One of the international delegates who attended the Women's Congress at Toronto last summer, said "Canada would be Paradise if one could get a glass of clean water." Indeed, it is a paramount duty of a Government to provide this essential of health and clean living. Just now typhoid has become epidemic at Montreal, where at least there are 3,000 sufferers. The *Times* correspondent writes: "Notwithstanding the fact that the accommodation in the hospitals is greatly overtaxed, the City Council seems unwilling to take steps to secure temporary hospitals, and there is naturally great indignation with the inactivity of the aldermen. A committee of citizens has been formed to open additional hospitals, while the Victorian Order of Nurses, through Lady Drummond, has undertaken to furnish all the nurses required." Nurses to the fore, as usual!—How indispensable they are to the community, and how up till now their conscientious wish to make themselves even more efficient than they are, through State Registration, has been callously ignored in England and Canada!

French nurses are much concerned to learn that the regulation uniform for the Army Nurses is to be a dress of black merino. They would not object if it were for outdoor wear, but apparently it is intended to be worn in the wards covered more or less by a linen overall with a white apron on the top. Both because it is unhygienic and on account of its ugliness the uniform is criticised.

Another point to which attention is drawn

in a contemporary is that though the military regulations do not mention that married women may compete for nursing appointments, or that accepted candidates are permitted to marry, the conditions of leave for nurses before and after accouchement are defined, and it is also stated that when it becomes apparent that they are with child they will be employed in other parts of the hospital, not in wards. Nevertheless, we agree with Dr. Anna Hamilton that it is not seemly that nurses in this condition should be in and out of a military hospital. France seems to be the only country where married women are employed in public hospitals. Dr. Hamilton hopes for the good name of the nurses of the French Army that it will be made plain by the military authorities that only those who are legally married will be allowed to retain their titles and office, under the above circumstances.

### Nursing at the Royal Infirmary, Edinburgh.

The report by the managers of the Royal Infirmary of Edinburgh for the year from 1st October, 1908, to 1st October, 1909, was presented to the annual meeting on Monday.

The following reference to the Nursing Department is highly satisfactory, and we congratulate the Lady Superintendent, Miss A. W. Gill, and her able assistants:—

#### NURSING DEPARTMENT.

The average number of nurses and probationers during the year was 259, as compared with 254.8 in the previous year, and of these 20 per cent. were trained nurses. There were 781 applications for admission, as compared with 675 in 1908. Sixty-seven trained nurses left during the year—one to be Matron of a cottage hospital; four to be Assistant Matrons to asylums; thirteen to be Sisters in other hospitals or nursing homes; twelve to be Queen's Nurses; one to be a District Nurse; five to be Nurses in other institutions; five to take training as Maternity Nurses; fourteen to become Private Nurses; one to join the Colonial Nursing Association; ten to return to their homes. One, a Hospital Sister, was pensioned. Three nurses left during training. Of 147 probationers eight proved unsuitable; five left of their own accord; seventy became second-year nurses; and sixty-four remained under training on 1st October, 1909. A series of lectures to trained nurses was again given during the winter months, and proved very successful, the attendance steadily increasing. The lecturers were Professor Caird, Drs. Barbour, Brewis, Norman Walker, Bruce, Fleming, Dawson Turner, and Shennan, and Messrs. Cotterill and Wallace. The annual prize-giving took place in the Nurses' Home on 6th July, the Marchioness of Tullibardine presenting the prizes. The Territorial Nursing Service was instituted in December, 1908, and twenty-two of our trained nurses enrolled

themselves as members. Sixty-two of the whole staff of 120 nurses have been trained here. The annual picnics in July were greatly enjoyed, as well as the motor rides for nurses and patients kindly arranged by Dr. Veitch. The health of the nurses has, with few exceptions, been good, and the managers desire to express their thanks to Dr. Graham Brown and Mr. Wallace for their kindness and attention to those nurses who required medical and surgical treatment during the year. Blair House continues to be of great benefit to the nurses, and the new summer-house which has been erected there has been much appreciated. The managers desire to record their warm thanks to the following members of the staff for courses of lectures and instruction to the nurses and probationers: Dr. W. Fordyce, on Gynecological Nursing; Mr. W. J. Stuart, on Surgical Nursing; Dr. Boyd, on Materia Medica; Dr. Shennan, on Bacteriology; Dr. Watson, on Instruments; Miss Bell, on General Nursing; Miss Bladon and Miss Millar, on Bandaging (Miss Bladon also held tutorial classes for the probationers); to Professor Thomson for kindly conducting the examinations on instruments and bandaging; and to Dr. Fleming and Mr. W. J. Stuart for having undertaken the preliminary examinations. The managers offer their grateful thanks to those friends who have shown their interest in nurses and patients by providing motor drives; to those who have so kindly provided teas in connection with these drives, or who have presented tickets for concerts, diaries and calendars, fruits, flowers, and other gifts for the nurses.

### Reflections.

#### FROM A BOARD ROOM MIRROR.

The King has caused to be conveyed to Miss Agnes Weston, founder and head of the Royal Sailors' Rests at Portsmouth and Devonport, his Majesty's seasonable greetings to herself and staff, as well as to the Bluejackets and their families among whom they work, and expressing wishes for the continued prosperity of the institutions in the coming year.

The Rev. J. E. Watts-Ditchfield, Chairman of the Queen's Hospital for Children, Bethnal Green, appeals for a sum of £1,000 within the next few days to prevent the closing of 62 beds within the institution.

The President of the Local Government Board has appointed Dr. Eastwood, one of the pathologists of the Royal Commission on Tuberculosis, an additional medical inspector of the Board, with a special view to his undertaking pathological investigations.

The immediate object will be to apply to public health work the very important results obtained by the Royal Commission on Tuberculosis, and thereby to ensure the freedom of important foods from the infection of this disease.

The Eighth Biannual International Prison Congress will be held at Washington in October, 1910, by invitation of the President of the United States.

## Sir Sydney Waterlow and Nursing.

The Life of Sir Sydney H. Waterlow, London Apprentice, Lord Mayor, Captain of Industry, Philanthropist, by Mr. George Smalley, is a book worth reading, and to those who knew him personally, in connection with his work as Treasurer of St. Bartholomew's Hospital, will be found of absorbing interest. It is so consoling to realise that, in spite of adverse circumstances, genuine dogged determination does tell in the end, and that it is because we are not strong enough, not because others are more favourably circumstanced, that they beat us in the race of life—especially is this true if the goal is a worthy one.

Having told the story of his rise from apprentice to a prince of printers, and of his public work for the City and people of London, Mr. Smalley has much to say of the success which attended the work of Sir Sydney as Treasurer of St. Bartholomew's Hospital.

Here we come on an interesting item, when the nursing department is touched upon, namely, that the late Mrs. Gladstone used her influence to have Miss Manson selected as Matron of that great hospital.\*

After referring to reforms made in the medical department, we read, "Then came a sweeping proposal—the employment of trained nurses, with a trained and competent Matron as Superintendent. The days when it was possible to be content with the services of that highly respected widow of a highly respected solicitor were over. The Sisters of the Hospital were all highly respected and highly incompetent (this assertion is too sweeping, some of the Sisters were remarkably able women). They did their duty conscientiously, but conscience is not a good substitute for knowledge. One of the chief rivals of St. Bartholomew's, St. Thomas's, had a staff of trained nurses whom Miss Nightingale had supplied.†

"To her Sir Sydney applied, having first persuaded the Governors to grant a retiring pension to the Matron in power. Miss Nightingale undertook to find, and did find, a successor, all the way from Montreal, in Canada (Miss Machin), and four nurses to be under her. I have before me two of Miss Nightingale's letters; admirable letters, but dealing too much with details to be quoted in full. But a sentence or two will show how well this great Sister of Charity understood the art of letter writing.

"I should ere this, had I not been afraid of troubling your well-filled time, have seized the opportunity of giving you joy, and the nurse cause too, for your wise and efficient measures for improving the nursing. . . . I think I am as anxious for your success as for our own. Or rather, it is all one; the good nursing cause, so furthered by

\*Dear lady! how like her never to mention her kind offices, and thus receive the thanks which were her due.—Ed.

†Several of the old Sisters at St. Bartholomew's had been trained under Mrs. Wardroper, on Miss Nightingale's system.—Ed.

you. But you would not think much of our training if we had always a stock of people 'trained at a moment's notice,' as the advertisements have it, on hand to offer. God speed St. Bartholomew's nursing and its Treasurer."

"The date is 10, South Street, Park Lane, November 29th, 1878, and the signature 'Ever your faithful servant, FLORENCE NIGHTINGALE,' quite in the eighteenth century manner.

"Unhappily the Montreal lady soon departed. The untrained Sisters and Nurses were difficult to manage, nor would they work harmoniously with the trained or with the probationers. Sir Sydney had to start again, inquiring right and left, and finding none who seemed likely to be competent. Suddenly Mrs. Gladstone appeared on the scene. That admirable woman was devoting herself to the creation of her excellent convalescent home at Woodford, in Essex, of which the world knows, and was much at the London Hospital. There was in that hospital, and in charge of a ward of forty (fifty-three) beds, a certain Miss Ethel Manson, whom Mrs. Gladstone strongly commended to Sir Sydney as a suitable Matron for St. Bartholomew's. The careful Sir Sydney went twice to the London Hospital, incognito each time, visiting Miss Manson's ward, but only as a spectator interested in nursing. He liked her way of doing things, but there remained the difficulty of persuading 200 Governors, in whom the appointment vested, to like them also. His diplomacy, however, was seldom at fault. Instead of canvassing the 200 in Miss Ethel Manson's behalf, he induced them to allow the standing order to be suspended, and to allow him to select the Matron for a three months' trial, the Governors then to ratify or reject his choice. So to St. Bartholomew's this lady came on trial, and when three months had expired she was confirmed by the 200 unanimously, all having meantime, I presume, seen the lady and studied her methods. I presume so, because some of the senior doctors objected to Miss Ethel Manson as Matron on the ground that she was too young and too pretty. These faults were not denied, but Sir Sydney replied: "The first fault time will remedy; the second I do not regard as altogether a fault, for I think a kind, genial, sympathising word from a pretty woman is very acceptable to a sick patient." Perhaps the senior doctors were not really in earnest. At any rate, Miss Manson continued Matron of St. Bartholomew's for some years, to everybody's pleasure and satisfaction, devoted herself with energy to the work, developed the Nurses' Training School, and left only to be married. 'In that new state,' observed Sir Sydney, 'neither youth nor beauty were deemed faults.'"

M. B.

I have always felt the deepest sense of gratitude to Sir Sydney Waterlow for giving me my professional chance. The story of our first meeting, and its subsequent results, is worth recording as a telepathic tale. Next week I propose to give in this Journal an accurate version of my appointment in the year 1881, as Matron to the Royal Hospital of St. Bartholomew in Smithfield.—E. G. F.

## Our Foreign Letter.

FROM NATAL.



a photograph of a surgical ward in the native hospital section of Grey's Hospital, Pietermaritzburg, of which section I am Sister-in-Charge. The Matron of the Hospital is Miss Mitchell, who was trained

DEAR EDITOR,  
K n o w i n g  
your interest  
in nurses and  
nursing mat-  
ters in  
British Do-  
minions be-  
yond the  
Seas, I am  
sending you

taining two wards of eight beds (medical and surgical) for women, a maternity ward of four beds, and a ward for tubercular cases of five beds. Besides these there are two very nice airy wards built of wood and iron for men. The picture I have sent you is of one of them.

I like the natives; they are most good and patient, though occasionally one gets a disagreeable one. We have very good work, both medical and surgical, and I feel I am getting some of the rust knocked off after ten years of army nursing. We have a very nice operating theatre with every modern convenience in a small way.

The Nurses' Home is quite modern. The Sisters have a delightful sitting-room, and so have the nurses. All our bedrooms are most comfortable also, with bath-rooms which have hot and cold water laid on. We also have a very nice garden and tennis court. The other day the Governor, Sir Matthew



A Ward in the Native Hospital, Grey's Hospital, Pietermaritzburg.

at the Royal Infirmary, Dundee, and has had a great deal of experience in South Africa, including the superintendence of a Boer camp during the war.

In the picture I am standing under the electric light, Matron is on my left, and my Staff Nurse on my right. The others are the Second Nurse and the Probationer, the two Medical Officers, the Secretary, and two Indian orderlies (I have three in all, and a Kaffir woman to help with the women). The hospital is a very nice one, containing about 100 beds. One building is for Europeans, another for private patients, who are nursed in small rooms, with a larger ward of four beds, and there is also a maternity ward built a little way from these. Then there is my little native hospital con-

Nathan, came to open the new Children's Ward, which is a memorial to the late Mrs. Macdonald, who for so many years did such good work for the hospital. The presence of the Governor was specially appropriate, as it was he who originally suggested this memorial, a fact referred to by Mr. W. J. O'Brien in thanking his Excellency for his presence. In declaring the ward open the Governor said:—

"It was not my good fortune to know Mrs. Macdonald, whose death took place just before the time of my arrival in the Colony. But at that time her name was on many tongues, and when I visited this hospital on the tenth day of my residence in Natal, and noted the one obvious deficiency in the accom-



modation it afforded, it occurred to me that the public appreciation of Mrs. Macdonald's services to the Hospital and to the Colony could scarcely find more fitting expression than in the remedying of this defect by the equipment of a special ward to be used exclusively for the nursing to health of sick children. I deemed it a special privilege when I was subsequently allowed to associate myself with this project.

"The first of these was the debt of gratitude I personally owe, and shall never be able adequately to pay, to the profession to which, if Mrs. Macdonald did not actually belong, she was closely connected. This profession has grown up in my lifetime, and has in that time lessened the sum of human suffering in the world. I do not think the world sufficiently recognises what it owes to the trained nurse. Her life is a hard one, but there are great compensations. When under the doctor's directions after a hard fight with disease, death has been driven back, the nurse must feel the elation of the soldier on the battlefield that has been won by his courage and devotion as well as by his general's skill and knowledge. And if the satisfaction of doctor and nurse is keen when the bearded grain has been saved, how much greater must be their contentment when the sickle of the dread Reaper is stayed from cutting down the flowers that grow between.

"Every child whose life is saved, limb made whole, weakness cured, constitution strengthened in this Hospital will add to the potential strength of this Colony and of the British Dominions of which it forms a part. And, apart from this—the statesman's view of the matter—be lovers of children count as a gain every babe's discomfort eased, ache soothed, and tear dried. We recognise that Childhood has a right to joy and pleasure, and that it is our duty to free it from grief and pain."

C. J.

#### OVALTINE.

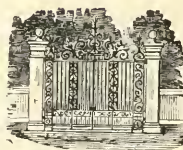
Many invalids and dyspeptics who are unable to take tea and coffee will find a pleasant substitute in Ovaltine, which is not only a beverage but a food, as it is composed of malt extract, fresh eggs, milk, and converted cocoa. It is very easily prepared, and contains active lecithin, the most important constituent of the brain, spinal cord, and nerves. It is supplied by A. Wander, Ph.D., London Office, 1-3, Leonard Street, City Road, E.C. Other valuable preparations of this firm are the Dry Extract of Malt with Glycerophosphates Compound, and Formitol Pastilles, which pleasantly and effectively supersede gargles in rendering the mouth and throat aseptic.

#### NURSE'S DIARY AND EMERGENCY NOTE BOOK.

The neat little Scott's Emulsion Nurse's Diary, issued by Scott and Bowne, Ltd., 11, Stoney Street, E.C., will be welcome to many nurses, and contains much useful information. It also contains a Coupon-Insurance Ticket, which, when signed, entitles the holder to substantial remuneration in case of accident, or her legal personal representative to £500 in the event of her death.

## Outside the Gates.

### WOMEN.



The Royal College of Surgeons has made some alterations in the regulations for the admission of women students to the College Museum. These alterations have been rendered necessary on account of the admission of women to the College diplomas, and in order that they may have the same opportunity for the purposes of study as male students. It is understood that a number of women students have already entered for the examinations of the Conjoint Board of the Royal Colleges of Physicians and Surgeons, to be held this month, and also for the examinations for the diploma in public health granted by the Royal Colleges.

The following resolution has been sent by the Deutscher Verband für Frauenstimmrecht (the German National Union of Women's Suffrage Associations) to the Prime Minister with a request that it may be communicated to the Cabinet:—"The German Union for Woman Suffrage, through its national and local councils, expresses its deep indignation at the cruelty practised upon suffragists in English prisons. They protest especially against the fact that in a constitutional State women who have been judged for political offences have been treated like common criminals. They protest also against the fact that in defiance of the ordinary law of the land such women have been forced for weeks and months to undergo the painful operation of forcible feeding, so that on account of their political convictions they have been exposed to lifelong and irreparable injury to their health and strength."

The International Council of Women, founded by Mrs. May Wright Sewall, of Indianapolis, U.S.A., just twenty-one years ago, has issued a volume as a permanent memento of its recent meeting in Canada under the title of "Our Lady of the Sunshine and Her International Visitors, 1909." Leading women workers of twelve different countries give their impressions of Canada. Much valuable insight is furnished as to the various methods employed in different countries, and the whole record points to most encouraging results for this sisterhood of women workers united for the realisation of high ideals. To quote one of the delegates, it opens "possibilities of a peaceful, bloodless, world-wide revolution through a unified system of philanthropy, education, health, and social reform. This is the task the International Council of Women is accomplishing, this is the surest impression of the Congress." "Our Lady of the Sunshine" is most interestingly illustrated, and can be ordered, price 1s., from Miss Dallas, Vice-Regal Lodge, Dublin.

## Book of the Week.

## CANDLES IN THE WIND.\*

The Light of every soul burns upward, but most of them are candles in the wind. Let us allow for atmospheric disturbances."—*George Meredith*.

To those who have felt the fascination of India, and more especially those interested in the problems of the Northern Frontier, a book by Mand Diver is always welcome, for she writes of what she knows, and with graphic pen makes us realise our debt to the handful of men who keep that Frontier intact.

We are introduced at the outset to Alan Laurence, an engineer subaltern, who, with a little company of Kashmiri Sappers, has, after three unsuccessful efforts, just completed a difficult bit of road on a mountain side in the Hindu Kush; but the shout of victory of the Sappers breaks midway into a howl of execration, for a fourth time the road gives way, and the native corporal stands before him saluting, the dust of defeat upon his uniform, and the shadow of it in his eyes, asking: "How can the servants of the Maharaj do more? The thing entirely may not be."

"Nevertheless this thing must be," Laurence asserted quietly. "How should I carry such child's talk as thine to the Colonel Sahib?"

The man salaams, then hesitates, and prefers a request that the coolie-log may kill a goat and offer poojah to the evil demon "who wills not that his meditations be disturbed by the noise of shot and hammer."

"And if the request drew a smile from the Englishman, there lurked in it no tincture of contempt. He was beginning, dimly and gradually, to know something of this India—vast, complex, mysterious—and to sympathise, where five years ago he would have scorned; for sympathy is by knowledge out of an understanding heart."

But the problems of India are many sided, and this story—a story in the main of fair women and brave men—brings into strong prominence the inevitable tragedy following on the marriage of an English girl with a Eurasian—"a pure half-breed" with an impossible half-sister. James Videlle, a doctor in the Indian Army, home on long leave, wooed and won Lyndsay Vereker. Not until he took her to India did a suspicion enter her mind as to his mixed blood, and the full tragedy of the situation was revealed to her unconsciously with overwhelming suddenness by Alan Laurence, who, believing her to be free, had completely lost his heart to her. The redeeming point in James Videlle is his genuine love for his wife, but his jealous, vacillating, crooked temperament made her life a martyrdom.

How Lyndsay and Laurence "win through" must be left to the reader to discover. It is refreshing in those days to find an author who points the way to happiness along the path of duty.

But besides its human interest the book holds one by its graphic description of Frontier warfare, and

the story of the capture of Nilt Fort is a fine bit of writing.

The enchantment of the Frontier scenery also lays its spell upon one. The world holds none lovelier. And yet more: "Here, where all is elemental, the man at hand grips with colossal forces finds re-invigoration of mind and body; finds his soul threshed from the husks of materialism, self-indulgence, and the petty self-importance—fostered by civilisation—that rots character as surely as damp rots wood. In this rough fashion the Frontier makes or breaks her pioneers, according to the grace that is in them; and her fashion, however terrible, has about it a certain grandeur conspicuously absent from the making or breaking process of cities."

P. G. Y.

## Verses.

## "MIMMA BELLA.

Do you recall the scents, the insect whirr,  
Where we had laid her in the chestnut shade?  
How discs of sunlight through the bright leaves  
played  
Upon the grass, as we bent over her?

How roving breezes made the bracken stir  
Beside her, while the bumble-bee, arrayed  
In brown and gold, hummed round her, and the  
glade  
Was strewn with last year's chestnuts' prickly fur?

There in the forest's ripe and fragrant heat  
She lay and laughed, and kicked her wee bare feet,  
And stretched wee hands to grasp some woodland  
bell;

And played her little games; and when we said  
"Cuckoo" would lift her frock, and hide her  
head,

Which now, God knows, is hidden but too well.  
EUGENE LEE-HAMILTON.

## COMING EVENTS.

January 7th.—London Homeopathic Hospital, W.C. The Matron and Nursing Staff At Home. Music. Tea and coffee. 8 to 11 p.m.

January 12th.—Royal Infirmary, Edinburgh. Lecture on Operations on the Stomach and Intestines. Preparations and After-Nursing. By Professor Alexis Thomson, F.R.C.S.E. Extra-Mural Medical Theatre, 4.30 p.m. Nurses cordially invited.

January 14th.—Girls' Missionary Conference (C.E.Z.M.S.), Morley Hall, 26, George Street, Hanover Square, W. Nurses welcome, 11—1, and 2.30—4.30 p.m.

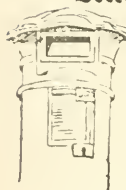
January 25th.—Meeting of the Central Registration Committee, Council Room, British Medical Association Office, 429, Strand, London, W.C., 3.30 p.m. The Right Hon. the Lord Ampthill will preside.

## WORD FOR THE WEEK.

"To do nothing is as fatal as to commit evil, and it is more cowardly."

\* By Mand Diver. (William Blackwood and Sons.)

## Letters to the Editor.



Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

## THE USE OF PURE ANIMAL WOOL.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—I have been very interested to read the article in this week's Journal on "The Use of Pure Animal Wool," and shall certainly try to use it where possible. I have always felt that the ordinary Gamgee and absorbent cotton wool of commerce were not satisfactory materials for preserving warmth, although practically I think one finds the latter is absorbent, as it claims to be, in contradistinction to the commoner variety known in hospitals as "brown wool," which is not, and it is the former wool of which Gamgee tissue is made, so that it *should*, and I think does, absorb perspiration. This being so, of course Gamgee jackets require to be removed periodically and aired—dried would perhaps be the more correct word—but the dampness is internal. I do not think that when removing a Gamgee jacket from a patient that I have ever found the inside—which I take to mean the side next the patient—a "wet sopping mess."

Nevertheless, it is good to know of a wool which is warm as well as absorbent. As a chilly person myself, I sympathise with those patients who still feel cold when supplied with the regulation number of blankets, and even with a hot water bottle, and according to routine rules "ought to be warm" but are not. A use to which "Thermo-laine" might be put with advantage is, I should say, to line ordinary bed jackets, for many chronic invalids feel the cold even when wearing flannel jackets, and quilted silk jackets lined with down are only within the means of a limited few. In incurable homes, for instance, I should think animal wool would be invaluable, and for the tiny babies who depend on incubators for the warmth which keeps them alive, also.

I am, dear Madam,

Yours faithfully,

C. M.

## MAUED BY A LION.

To the Editor of the "British Journal of Nursing."

DEAR MADAM.—The account of injuries recently inflicted on Ralph Gardener by a captive lion at the Crystal Palace calls for some comment from those who see two sides to every question. One sympathises with the man, but horrible stories of this kind come as a shock to rouse the public conscience on behalf of noble animals undergoing imprisonment for life for no fault of their own. Surely the time has come when the morbid, vulgar, selfish, and cruel instinct which draws people to stare at wild beasts behind bars should be discouraged?

These shows are a mistake, and cannot fail to demoralise all complacent spectators, especially the young. Yet a stream of "latest additions" is continually pouring into the Zoo, and among them, the other day, was an unfortunate eagle from the Philippine Islands. Disgraceful! What a fate for the monarch of the sky—just at the moment when men are tasting the first bliss of mastery over the air!

In a fine essay entitled "A Visit to the Zoological Gardens," Leigh Hunt, writing in advance of his age about a century ago, says of imprisoned eagles: "It is monstrous to see any creature in a cage, far more any winged creature, and, most of all, such as are accustomed to soar through the vault of heaven, and have the world under their eye. Why can we have Acts of Parliament in favour of other extension of good treatment to the brute creation, and not against their tormenting imprisonment? At all events, we may ask the question whether a great people, under a finer aspect of knowledge and civilisation than the present, would think themselves justified in keeping any set of fellow-creatures in a state of endless captivity, their faculties contradicted, their very lives turned into lingering deaths?" After a hundred years, are we still not "great" enough, and is our knowledge and experience still not deep enough, to make us detest such barbarities?

Faithfully yours,

EDITH CARRINGTON.

18, Miles Road, Clifton, Bristol.

## Notices.

RULES FOR PRIZE COMPETITIONS.  
PRACTICAL POINTS.

We offer a Prize of 5s. for the best Practical Point paragraph of from 100 to 200 words, to reach the Editor, at 20 Upper Wimpole Street, London, W., not later than Saturday, January 15th inst.

Paragraphs sent in, other than that to which the prize is awarded, and thought worthy of publication, will be paid for at the usual rates.

## THE NEATEST NURSE PHOTOGRAPH.

We offer 10s. for a photograph of a nurse in uniform, neatness to be the test of excellence, with permission to publish the same. The photographs must reach the Editor not later than Saturday, January 22nd. Photographs sent which do not win the prize will be returned.

## AN ARTICLE ON A PRACTICAL NURSING SUBJECT.

We offer £1 10s. for an article dealing with Practical Nursing of from 1,400 to 1,500 words, to reach the Editor not later than Saturday, January 29th. By arrangement with competitors articles other than that to which the Prize is awarded may be selected for publication.

Each competitor must enclose her name and address in full.

## OUR PUZZLE PRIZE.

Rules for competing for the Pictorial Puzzle Prize will be found on Advertisement page xii.

# The Midwife.

## Midwifery in 1909.

During the past year the Departmental Committee of the Privy Council, appointed to consider the working of the Midwives' Act, presented its report. The fact that not one midwife was appointed to assist in its deliberations naturally detracted from the value of the Committee's report.

The importance of the maintenance of a standard of education is emphasised by the fact that efforts were made to induce the Committee to believe that even the somewhat elementary examination of the Central Midwives' Board is too difficult for the candidates. Considering the great responsibilities which rest in the hands of midwives when they have gained the Board's certificate, it is difficult to understand how anyone with an appreciation of the value of human life can desire to lower the present standard. It must be remembered that the Board has officially informed the Privy Council that its standard has always been *strictly limited to such knowledge as would be dangerous for a midwife to lack.*

The recommendation that the Incorporated Midwives' Institute should in future be represented by a certified midwife instead of a registered medical practitioner, met with general approval, but not, strange to say, the approval of the Midwives' Institute, whose views were brought forward by their representative, Dr. Stanley Atkinson, at a meeting of the Central Midwives' Board on October 24th. They claimed that the Midwives' Institute should have two representatives on the Central Midwives' Board, to be chosen "without restriction," so that in this event it would be unnecessary for either representative to be a midwife or medical practitioner. Moreover, it is not apparent why the 600-700 members of the Midwives' Institute should have two representatives on the Board and the rest of the midwives on the Roll, now not far short of 30,000, none at all. Even if, as is suggested, the members of the Midwives' Institute are the "aristocracy of midwifery," it is rather odd of date to claim voting power on this ground.

Mrs. Lawson, President of the National Association of Midwives, in a memorandum submitted to the Departmental Committee on its behalf, urged "that any amendment of the Act should recognise the claim of midwives for *direct representation* on the Central Midwives'

Board." The claim is a just one, involving the question as to whether midwives are to continue to be pariahs in their profession, or whether they are to be allowed a voice in its government.

At a meeting of the Central Midwives' Board on November 25th, Mr. Parker Young, who moved a resolution proposing the direct representation of the medical profession on the Central Midwives' Board, on the suggestion of Miss Paget added a rider as to the direct representation of midwives, but, as this was questioned on grounds of procedure, he informed Miss Paget of his willingness to support her if she would move a resolution at the next meeting on the lines of the rider. This, however, Miss Paget did not do.

It has been announced that a meeting will be held in London early in the year to discuss the question.

We have devoted considerable space to this question of direct representation, because it is vital to the welfare of midwives, and consequently of midwifery, and their status cannot be considered satisfactory until midwives are accorded this elementary right.

### MIDWIVES' DEFENCE ASSOCIATION.

The Midwives' Defence Association has now ceased to exist as an independent body, and its work is merged in that of the Midwives' Institute. In our view a Defence Union, to be successful in any profession, must stand outside all other societies, as is the case with the medical defence societies, and be broad enough to include all reputable members. All associations of midwives should unquestionably urge upon their members the imperative need of making provision for their defence in case of need.

### ORGANISATIONS OF MIDWIVES.

A hopeful sign is that midwives are beginning to realise more the advantages of co-operation. Besides the Midwives' Institute there is also the National Association of Midwives, Manchester, of which the Secretary is Mrs. Malcolm; the Northumberland and Durham Midwives' Association, Newcastle-on-Tyne, Secretary, Miss Renaud; the Liverpool and District Trained Midwives' Association, Secretary, Miss H. Wood. A Certified Midwives' Total Abstinence League has also been formed, in connection with the Women's Total Abstinence Union, Secretary, Miss Francis; and it is proposed to form a "Union of British Midwives" early this year.



## A New Method of Managing the Breasts.

An interesting article is contributed to the *Johns Hopkins Nurses' Alumna Magazine*, describing why bandaging the breasts during the puerperium has been done away in the obstetrical service of the Johns Hopkins Hospital. It will be quite a new idea to many midwives and nurses and one received with a certain amount of reserve and distrust, that nature should be left to its own resources when for any reason it is necessary to dry up the breasts, but the careful perusal of the subjoined article will show that there is much to be said for this method.

From the time the obstetrical ward was opened in 1897 until four years ago, one of the spectacular demonstrations always given by the head nurse to the pupils was the application of the breast bandage and the proper manner of giving massage in cases where it was necessary to check the secretion. We remember that belladonna ointment was first liberally applied, the breast then covered thickly with cotton and pressed firmly against the wall of the thorax by a tightly fitted bandage. The careful fitting of this bandage, the number of pins possible to insert in it, and the mathematical precision with which the distance between each was arranged, was the pride of the Head Nurse and often the despair of the pupil. We also recall that the sufferings of the patient were severe, that in renewing and re-applying these bandages, and the use of massage and of the breast-pump many valuable hours were consumed.

How and why all this has been discontinued Dr. Williams tells his students in one of his ward classes, and in a series of "Don'ts" in one of the lectures on obstetrics now given to the pupil nurses is "Don't massage or bandage the breasts."

This is the history of the change in method. In 1904 Dr. Williams was spending his summer vacation in Rhode Island. In talking with a country doctor of long experience there, he was asked how the Johns Hopkins dealt with this condition. Dr. Williams gave the treatment with prideful detail. Whereupon the country doctor replied that he (Dr. Williams) was away behind the times; that he himself did nothing but give his patients small doses of potassium acetate three times a day, left them alone, and had no further trouble. Dr. Williams made more extensive inquiry, and on his return instituted in the maternity ward this somewhat radical change of method, to the amazement of his staff, and to the scarcely concealed disapproval of the Head Nurse. The new treatment was given a thorough trial, and proved so effective, and of such comfort to the patients, that from that time to the present, pressure bandages and belladonna ointment are unknown in the obstetrical ward. It was supposed at first that the potassium acetate acted as a diuretic, and consequently fluids were limited and purges were given. But after a series of observations, in which a group of patients not nursing received the potassium acetate, another not nursing small doses of sodium chloride, and another group were nursing normally, the conclusion was reached

that the potassium acetate had no action whatever in checking lactation, and that all that was necessary was to give the breasts absolute rest, let nature pursue her own course, and when on the third day the swelling and tenseness appear, put on as she then does, her own restrictive bandage. Reference is also made to a treatise written in 1785 by Dr. Charles White, of Manchester, England, showing that this idea of leaving nature alone had been advocated before.

"If the patient does not suckle her child, no method should be used either to recall the milk or to invite it into the breasts, but she should be left absolutely to nature; she should live very abstemiously, take little or no animal food, no strong liquor should be allowed her, and the intestinal canal should be left thoroughly open."

The routine now employed in Dr. Williams's service is as follows: When for any reason it is necessary to dry up the breasts, they are left absolutely alone for the days immediately following labour, or after nursing has been discontinued at a later period. About the third day engorgement takes place, often with much pain, but within from twenty-four to thirty-six hours the swelling begins to subside, the secretion grows less and disappears before the end of the week. If the pain is very severe, small doses of morphia or codeia are given, but generally this is not necessary, the application of an ice bag usually giving relief. If the breasts are large and pendulous, they are held in place by a loose bandage, no pressure being exerted. The patient is cautioned against handling the breasts, and massage of any kind and the use of the breast-pump absolutely interdicted. In no instance since this treatment has been used, has a mammary abscess developed, and the discomfort to the patient has been infinitely less than with the old methods. As Dr. Williams remarks, it is probably the very simplicity of this physiological procedure that has prevented its general recognition and acceptance long before.

### MASCULINE LOVE OF POWER

Treating of women in municipal affairs, *The Englishwoman* points out that the Women's Local Government Society has constantly urged the Local Government Board to appoint women as inspectors of workhouses, and to encourage Boards of Guardians to appoint women as relieving officers. "The Local Government Board, however, does not seem likely to do so till women can back their demand by the power of the Parliamentary franchise. When a Departmental Committee was appointed to consider the working of the Midwives' Act, the Privy Council did not place upon it a single certified midwife, while in only seventeen English counties and seven county boroughs have women been appointed to a Midwives' Committee. The proper provision for birth and infancy is so essentially a woman's question, that the idea of men attempting to deal with it by themselves is palpably absurd. It is hard to realise that masculine love of power and office is so strong that it clings to membership of a Midwives' Committee, refusing to appoint even one woman to assist in their deliberations. It is difficult, also, to understand how women could ever have allowed men to dominate control of such matters."

# THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED  
**THE NURSING RECORD**  
EDITED BY MRS BEDFORD FENWICK

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SATURDAY, JANUARY 15, 1910.

XLIV.

## Editorial.

### METHODS OF TEACHING THE MENTALLY DEFECTIVE.

One of the most interesting sessions of the Conference of Teachers arranged by the London County Council, and held last week at Birkbeck College, was that on "Methods of Teaching in Schools for the Mentally Defective," at which Mrs. Wilton Phipps presided. The first special school for children of this class was founded in 1890, and now there are no less than 87 in London, with a staff of 307 teachers and instructors, in which the scholars number 6,836. These numbers show not only the extent to which mental deficiency is present in the rising generation of London children, but the absolute necessity for special teaching and training, which will enable as large a proportion of them as possible to earn their own living, so that they may not become chargeable to the community. The Chairman expressed the opinion that, while the education of these children must not be neglected, the question of manual training was one which would have to be increasingly considered in these schools. The two things must be complementary if good results were to be obtained.

The classification now inaugurated in the schools of the London County Council shows how in former days many children must have suffered from lack of such a method. The mentally defective are, for instance, easily influenced by some slight change in the weather, as Miss Desbary, a speaker at the Conference pointed out, in speaking on "Advanced Occupations for Mentally Defective Girls." Nothing could have happened, so far as a teacher could tell, but she was often amazed at the freakishness and variability exhibited even by the most adaptable and trustworthy of the girls. Dulness would replace alacrity, and stubbornness genuine willingness, for no apparent reason.

Now that these characteristics are recognised as evidence of mental deficiency, the wise teacher will be careful to eliminate the possibility of this element before attributing them to "naughtiness" and punishing a child for exhibiting them; but in the days when children were little understood and treated far more sternly than at present, they must have suffered pitifully from lack of discrimination in this respect. Dulness and stubbornness are not qualities with which the average teacher has much patience, and, until their real import was realised, children must often have been punished quite unjustly.

The Superintendent of Schools for Physically and Mentally Defective Children of the London County Council, in opening a discussion at the above Conference, said that the difficulty they had to face was to get people to help these least efficient of the children. They were really the sick children of the country, and were bound to cost more than the healthy ones at first, though perhaps not eventually, unless they were neglected. It was a curious fact that many of the children in the special schools wrote beautifully, and both fluently and with expression. She pleaded for a closer contact between parent, child and teacher in the case of the mentally defective. If this could be achieved many of the difficulties with which they were now confronted could be lessened.

There is nothing very attractive about work for the mentally deficient; nevertheless it is of great value not only to individual children, but also to the community. An uneducated and uncontrolled man or woman who is mentally deficient is not only, as a rule, incapable of self-support, but is inimical to the public welfare in several ways. Teachers and nurses who bend all their energies to the training and care of this class of children are therefore doing work of national value.

## Medical Matters.

### THE PRESENCE OF 'BILHARZIA HAEMATOBIA' IN EGYPTIAN MUMMIES OF THE 20th DYNASTY [1250-1000 B.C.]

Dr. Marc Armand Ruffer, President of the Sanitary, Maritime, and Quarantine Council of Egypt, Alexandria, contributes a most interesting note on the above subject to the *British Medical Journal*, in which he says:—

Thanks to the kindness of Professor Elliot Smith, Professor Flinders Petrie, and Professor Keatinge, I have obtained several organs from mummies of the eighteenth to the twentieth dynasty, and I may state at once that such diseases as atheroma, pneumonia, renal abscesses, and cirrhosis of the liver are plainly recognisable. In the renal abscesses and in other lesions I have stained micro-organisms with methylene blue, fuchsin, haematoxylin, and even by Gram's method.

At the present time there is perhaps no disease more important to Egypt than that caused by the *Bilharzia haematobia*. So far no evidence has been produced to show how long it has existed in this country, although medical papyri contain prescriptions against one of its most prominent symptoms—namely, haematuria. The lesions of this disease are best seen in the bladder and rectum, but unfortunately these are just the two mummified organs which I have not been able to obtain so far. Nevertheless, in the kidneys of two mummies of the twentieth dynasty I have demonstrated in microscopic sections a large number of calcified eggs of *Bilharzia haematobia*, situated, for the most part, among the straight tubules. Although calcified, these eggs are easily recognisable and cannot be mistaken for anything else. I may add that I showed some of my sections to Professors Loos and Ferguson, whose paramount authority on such a subject cannot be disputed, and both confirmed my diagnosis.

I have examined microscopically the kidneys of six mummies. The kidneys of two were apparently healthy; the left kidney of another was congenitally atrophied; those of the fourth contained multiple abscesses with well-staining bacteria and other lesions, which so far I have not diagnosed; those of the fifth and sixth showed bilharzia eggs, and the latter had other lesions as well, which, owing to the shrunken state of the organ, I am unable to define accurately as yet.

Renal disease, therefore, was not infrequent among Egyptians living over three thousand years ago.

The method by which mummified tissues can be prepared has already been described by Dr. Ruffer.

### THE MEASLES MICROBE.

The *Medical Review* of Munich announces an important discovery by a German doctor, Professor Sittler, who claims to have discovered the measles microbe. According to the doctor the microbe develops in the throat, the nose, the buccal glands, and the bronchial tubes. The treatment accordingly will be strictly internal with the object of destroying the microbe.

### X-RAYS AND DIABETES.

The *Globe* reports that at a meeting of the Société Médicale des Hôpitaux Dr. Menetrier gave an interesting account of the effect of the Röntgen Rays upon diabetic patients when applied to the hepatic region. The effect is most marked in the more severe form of the disease, with general debility and loss of flesh. In these cases the application of the X-rays is followed by a considerable increase in the glycosuria within the next 24 hours, and sometimes for several subsequent days, and a fall in the number of red blood corpuscles. Thus in one case the amount of sugar excreted in 24 hours rose from 1,000 to 1,600 grammes, and the number of red corpuscles fell from 3,470,000 to 1,170,000, or a loss of 2,300,000 corpuscles per cubic millimetre. Later the glycosuria diminishes and the red corpuscles increase.

### CEREBRAL EVOLUTION THE PHYSICAL BASIS OF PSYCHIC DISTURBANCES AND SOCIAL DISCORD

Dr. L. O. Allen, in the *Dietetic and Hygienic Gazette*, contends that to make progress in the study of mental phenomena every explanation that explains must have a physical basis, for every psychic state has its physical basis, and there is evidence that much of that which is rated as psychopathic is but the peculiar expression of peculiar brains, for whenever the mental expression is in harmony with the physical state, no matter what that physical state may be, that mental expression is natural and normal to that particular state. For every anatomical, and physiological difference of brain matter, there is a corresponding difference in mental expression; and these mental expressions must be considered normal so long as they are true to the physical state, even if the physical state is abnormal. This would indicate that our psychic disturbances and social discords are not due to a mental pathology, but rather to cerebral states and our want of knowledge concerning the brain, its capacities, faculties, and functions. If we know anything we know that different brains differ physically in capacity, faculty, and function, and must of necessity differ in mental expressions; and that the highly organised brains have evolved from primitive brains.

## Hypnotic Power.

By MRS. WESTAWAY.

There is a keen popular appetite for supernatural wonders, and no sooner is one delusion exposed than another arises to take its place. Animal magnetism, electro-biology, mesmerism, and spirit-rapping have each in turn excited interest of greater or less duration until the delusions were exposed by the searching light of scientific knowledge, resulting in the ignominious retreat of the chief exponent of the wonder and the chagrin of the many dupes. Quite recently a law case concerned itself with the claims of a self-styled Dr. Bodie to cure by means of hypnotism, and the examination revealed most plainly that his performances (for such they really were, with the music-hall stage for setting) were of a bogus nature. Cases supposed to be cured were of such a slight nature that an excited imagination triumphed over bodily weakness sufficiently long to allow the person to walk off the stage as though cured, while really serious cases were sent away with a recommendation to use Bodie's Embrocation. In some cases hypnosis was performed, but the most wonderful performances were confined to a circle of confederates.

It is but right that such trauds should be exposed, for wielders of hypnotic power are "playing with fire." Quite lately a case of death was reported from America, the circumstances being that a man was hypnotised and the performer jumped on his rigid body. The man never again revived, and it was found that death had resulted from internal injuries. Even when death does not result, there is danger, immediate or remote, and it certainly would be a public gain if performances introducing hypnotism were to be declared illegal. In fact, the laity should not be allowed to intermeddle with this occult force, which baffles even the scientific men who seek to know it better.

The human mind is a wonderful essence, and ages of study and research have failed to reveal the full extent of its powers. Not only can the mind act on the body of the individual, but its influence can be felt on the minds of others, often in a most mysterious way, and hence have arisen the various sciences and pseudo-sciences dealing with the human mind. Investigations from a scientific standpoint have been of value, but charlatans, who have prostituted their shreds of knowledge for the sake of gain, or to cause amusement, have thrown discredit on the real science, and have hindered the progress of discovery.

The outward manifestation of hypnosis is

simple. It arises from constrained visual attention. A prism or bright object is fixed slightly above the level of the eye of the person operated on, who gazes at it intently until change of mental condition is brought about. At first there is mental excitement, but as the organ of vision is tired, the brain is lulled to rest, and nervous sleep is induced. A few passes by the operator's hand cuts off connection with the bright object, and the person, though seemingly asleep, acts as though awake, but is completely subservient to the will of the operator.

As early as the second century such phenomena were known, and cures apparently wrought by the influence of hypnotism were regarded as miraculous. Aristides, born 129 A.D., after a long period of travel returned to Italy, and on his return was seized with a curious illness which lasted for 13 years. The history of this illness is fully described by him in six "Sacred Discourses." Visions and dreams characterised the illness, and the outcome was some wonderful cures, wrought by means similar to those adopted by Mesmer—that is, by putting the patient in a hypnotic trance.

Joseph Gassner, a Roman Catholic priest, of Swabia, seems to have been the next to employ hypnotism to any great extent. He held that all diseases arose from demoniacal possession, and could only be cured by exorcism. He believed himself to be possessed of miraculous powers, but, as a matter of fact, the source of his curative remedies was hypnotic sleep. In 1776 he was visited by Mesmer, who studied his methods and modified his own plans of action.

Perhaps no exponent of hypnosis has attracted more attention than Franz Anton Mesmer. He was born at Weil, 1733, studied medicine at Vienna, took his degrees, and commenced practice. At first he was interested in astrology, and from confused ideas concerning astral influence introduced magnetism as a healing power. To this he added hypnosis, but after meeting with Gassner, and finding that hypnotic trance could be induced without magnetism, he adopted the simpler method.

The attitude of the public mind is well exhibited in the case of the Syrian captain, who was furious when he was told to adopt the simple expedient of washing in a small river, and Mesmer's popularity was largely owing to the luxurious entourage of his operations. In the early days of his practice an oval vessel was placed in the middle of the room, in which was disposed a number of bottles filled with magnetised water, and arranged with the necks pointing to the circumference of the vessel.



Water was poured in to cover the bottles and iron filings added to increase the magnetic effect. The vessel was covered with an iron lid pierced with holes, through which iron rods were inserted. Around this the patients sat and applied the iron rods to the afflicted parts. Mesmer then entered dressed as Prospero, wearing a long robe of lilac coloured silk, and waving a wand. He hypnotised the patients, and they appeared to recover. Everyone was anxious to test the new healing by natural means, and the fees charged were sufficiently high to enable Mesmer to keep up the luxurious establishment which he had sufficient foresight to provide. A description of his house reads like a chapter from "The Arabian Nights": "Richly stained glass threw a dim, religious light on his spacious salons, which were almost covered with mirrors. Orange blossoms scented the air of his corridors; incense of the most expensive kinds burned in antique vases on the chimney-piece; æolian harps sighed melodious music from distant chambers; while sometimes a sweet female voice from above, or below, stole softly upon the mysterious silence that was insisted upon from all visitors." Alas! his success was as brief as it was gorgeous. In 1874 a Commission was ordered by the King, and appointed by the French Academy, to investigate the phenomena of mesmerism. Benjamin Franklin was one of the members, and the result of the investigation was "that the only proofs advanced in support of animal magnetism were the effects it produced on the human body; that those effects could be produced without passes or other magnetic manipulations; that all these manipulations and passes never produce any effect at all if employed without the patient's knowledge; and that, therefore, imagination did, and animal magnetism did not, account for the phenomena." Mesmer fled ignominiously from Paris and died at Meersburg 1815. In spite of the loss of the leader, disciples remained who, in sincerity and good faith, continued to practice the art. M. de Puysegur practised in Paris, and Dr. James Braid, of Manchester, revived the study in England in 1841, although he confesses that he commenced the work as a complete sceptic.

About the same time, Dr. John Elliotson, Lecturer on Clinics at St. Thomas's Hospital and Professor of Principles and Practice of Physic at London University, espoused the cause of mesmerism. The Committee of the hospital opposed its introduction, and Elliotson resigned and devoted his attention to a mesmeric infirmary, and the results of his experiments and observations were embodied in his treatise, "Surgical Operations in Mesmeric State without Pain," 1843.

Opinion on the subject of mesmerism was divided, and no theological controversy in the early ages of the Catholic Church was conducted with greater bitterness. Harriet Martineau, in 1844, underwent a course of mesmerism and was cured of a painful illness. The recovery excited great discussion, but so great was Miss Martineau's faith in mesmeric powers that she published sixteen "Letters on Mesmerism," giving an account of the case. This gave great offence to her friends, who regarded it as incompatible with her undoubtedly powerful intellect and philosophic mind.

Sir George Cornewall Lewis, about 1850, declared homœopathy, mesmerism, and phrenology to be impostures, and so many scientific men joined him in scouting the idea that hypnotic power was slowly relegated to ignorant empirics, who used it for the sake of gain or to cause amusement.

Of late years hypnotic power has received revived attention, but principally on the Continent, where operations are frequently performed while the nervous apparatus of the patient is in a perverted condition. Whether future investigations will strengthen its position in clinical practice is uncertain, but as far as the science has yet reached there are certain grave objections attending its use. In order that patients may be hypnotised to a safe degree of stupor for operations, it is necessary to act on them every day for several weeks, and this breaking down of volition may prove a serious injury to nervous persons. The state of hypnotic trance is in itself as dangerous as that from an anæsthetic, and recovery is less easily controlled. Thus, no lay persons should practise hypnosis any more than they should administer anæsthetics. But the gravest danger of all is that the powers of volition are deranged by hypnosis, and may be permanently enfeebled. The will is one of the highest mental faculties; it is the hand-maid of conscience. When conscience whispers the will must obey, for any evading of its dictates shows moral weakness, and actions are then guided by the lower and animal part of human nature, and there is no upward striving towards perfection.

#### NO FILTH. NO FLIES.

Mr. Henry Hill chose as the subject for his lecture to children at the London Institution "The Story of the Flies." He said that in this country alone there were from 3,000 to 4,000 kinds of flies, and about 40,000 species in the world. It had been proved conclusively that flies were conveyers of cholera, typhoid fever, and other diseases. He would never enter a house unless dirt was there. Where flies bred, said Mr. Hill, there must be filth; no filth, no flies.

## The Nurse in Private Practice.\*

### THE QUALITIES OF THE NURSE

By MME. ALPHEN SALVADOR, FRANCE.

Let me first of all tender my most hearty thanks to Mrs. Fenwick and to all the organisers of this Congress for having invited the President of the Rue Amyot School to raise her voice among so many others who are authorised to deal competently with these nursing questions in which the whole world is so deeply interested now-a-days.

It is the glory of England that she was first not merely to interest herself in the improvement of sick nursing, but also to call general attention to that matter which is both philanthropic and social, and which until then had remained so deplorably unheeded by all.

I wish I could feel myself worthy of the honour which has been paid me, but I am so little used to speaking in public that I feel somewhat embarrassed, and fear to deal clumsily with the delicate subject which Mrs. Fenwick has set before me.

It is, indeed, a complex subject, and we should find it hard to state in precise terms the qualities which a nurse should possess, so true is it that her qualities must differ according to the special environment in which she is called upon to fulfil her mission as a nurse.

Thanks to her long training in hospitals, under the eyes of eminent doctors, she has gained full knowledge of the details of technical and practical nursing. All that concerns the manner in which doctors' orders are to be executed is familiar, or should be familiar to her. As the doctor's helper and his "employee" she manages—whatever may be the school where she first studied—to gather immediately, according to her special aptitude and degree of intelligence, what special care and attentions must be given to the patient entrusted to her. But that is only part of the mission she has to fulfil. The strict exactitude in fulfilling the doctor's directions, the scientific probity which can inspire the patient with a sensible idea of resignation and discipline, the scrupulous cleanliness in every detail of nursing, the feminine skill in applying dressings and bandages, the vigilance in warning the doctor of any changes which may occur in the patient's condition between his visits—all those qualities which are rare and make her peerless among women, do not suffice to turn her into a private nurse such as the patient will long to have near him—the one who will become a

blessing and comfort in the long and dreary hours of suffering.

No, the qualities the poor patient insists on, are not among those which may be learnt in schools. It is by a personal action of her own will, by the development of her intuition in reading the character of the various patients to whom she is called, that the nurse is able to mould her conduct in dealing with this one or with that other. Had she nothing but mere technical knowledge, she would run the risk of becoming not a beneficent helper, but a source of annoyance in the family into which she finds herself so suddenly transported and with whom she must mix so intimately. She has need now of true psychologic science. Think of the great diversity of positions in which she may be placed. According to the age, the position, the character of the patients she will need to modify her methods, as also according to the gravity and length of the illness—some need to be amused and others to be kept quiet—sometimes she must assert her authority, while at others she must use the utmost gentleness in order to obtain necessary submission to medical prescriptions. By a sort of guess-work she must rapidly enter into communion with the ambient atmosphere in which she finds herself—not merely the patient's mental atmosphere, but that of all who surround him. How easily these become jealous when they see a stranger usurping their place at the bedside of a loved one; how hardly do they submit to acknowledge that her attentions are more enlightened, more refined than theirs: they have painful susceptibilities, and the nurse must be able to understand their feelings, to spare them and even to pity them.

Moreover, the nurse who is free from the feverish anxiety of near relatives is often more able to calm the sick one than they are, and those who love him soon notice it, they become sad and even show irritation. Such a state of mind is extremely human, and the nurse must realise this fact. When after a few days passed in the house she has won the appreciation and gratitude of all around her, she will be fully compensated for the trying hours through which she has just come. The value of her efforts will be soon appreciated, the comfort she brings will be cherished. She will be sought out when they need a word of encouragement or of hope, and she will soon become the friend with whom they share the joy of the dear one's recovery, for has she not greatly contributed to obtain this happy result? And she will weep with the sorrowing friends when she has been unable to save the beloved being entrusted to her care, for the patient she nurses becomes dear to her, and it seems to her that

\*Read at the International Congress of Nurses, London, July, 1909.

she has failed in her duty when he slips from the doctor's skill and her vigilant care.

The nurse may also fulfil a beneficent rôle in simple and humble homes where she is almost alone, by nursing the patient and keeping the house going, where she must so to say, look after everything; there she must be very simple and modest. Is it the mother who is laid up—a widow perhaps with children? Then she must manage them, and watch over them. If on the contrary the husband is at home, she will need even greater tact and discretion to make all pleasant.

How great and numerous, therefore, are the qualities required to fulfil such a mission or rather such a diversity of missions. The most varied qualities are called for in the nursing profession.

First, the qualities of the heart. It must be admitted that, however remunerative we may seek to make the profession of nursing, it can never become a trade; it requires a special vocation, the gift of self-love for the poor sufferers, ardent thirst to be among the elect who comfort and heal. The most humble among women may be gifted with these sublime virtues of devotion, but if it be true that the heart is a great master capable of pointing the path we must follow, yet it must be recognised that in order to fulfil the duties of a nurse as we understand them, it is necessary that the intellectual qualities should come to the aid of moral and educational qualities. A patient subjected to a long period of convalescence will require to be entertained, to find in his nurse a woman capable of chatting with him, of reading interesting literature about which they can exchange their views and impressions. The convalescent also likes to find cheerfulness in the woman who nurses him. She must be able to tell him a good story, and to bring a bright laugh to his lips.

And in England, you have so well understood and realised all this that the daughters of your noblest families, of the highest social classes, have become nurses, deeming it a true title of nobility to add to that of their birth: devoting themselves to healing and comforting the sick.

Your Ruskin spoke delightfully of the Queen's garden, of the splendid rôle a woman may play at her fireside: nor is it less praiseworthy to bring peace, health, and comfort to homes which have been disturbed by the anguish and disorder brought about by disease and sickness.

The Nursing School in the Rue Amyot, Paris, of which Mme. Alphen Salvador is the Founder and President, was the first organised in that city to train nurses for private duty.

## Progress of State Registration.

### THE GENERAL ELECTION.

During the week a statement, on the important question of State Registration of Trained Nurses, has been issued to upwards of 1,300 Parliamentary candidates from the Central Office of the Society for the State Registration of Trained Nurses. The Hon. Secretary has already received a great number of replies, the very large majority of which contain promises to support a Bill on the lines of that passed by the House of Lords in 1908. This is most encouraging.

Now comes a question for individual nurses. Have you written to your local candidates, and asked your male relatives to do so? If not, why not? Please do your part, and catch the next post.

### THE CENTRAL REGISTRATION COMMITTEE.

The following delegates have been appointed by the Royal British Nurses' Association to attend the Registration Bill Conference summoned by Lord Amphilh for January 25th, to be held in the Council Room of the British Medical Association, 429, Strand, W.C.:—W. Bezly Thorne, Esq., M.D., John Langton, Esq., F.R.C.S., Clement Godson, Esq., M.D., Miss Grace Gordon, and Miss Tawney.

We are pleased to learn from several sources that Lord Amphilh's continued interest in the important question of Nurse Registration is inspiring confidence in the future success of the movement, and that the delegates realise the importance of the occasion. The constitution of the Registration Council is, of course, the great difficulty, but there appears a strong consensus of opinion that with good sense and a genuine determination that the best interests of the sick and the nursing profession as a whole shall be conserved, that a representative workable governing body can be defined. The national interests of Scotland and Ireland must receive due consideration in any acceptable scheme, but the unity of the nursing profession throughout the United Kingdom must be provided for, if the nurses resident in the three countries are to be justly treated. The Bill must also inspire a scheme of practical Imperial reciprocity, so that the nurses in our Dominions beyond the seas, and those going thence from home shall, if maintaining equal professional standards, be registered throughout the British Empire. As it is, we hear that both in South Africa, and Australasia, invidious distinctions are possible, and "registered nurses" from New Zealand are surprised to find that their legal status has no significance in the mother country.

## The Central Preparatory Course for Nurses at Teachers' College, New York.

Now that several hospitals in this country have instituted a preliminary course of training for their nurses, it is most interesting to study the central one year's preparatory course offered by the Department of Hospital Economy at Teachers' College, New York, designed to prepare students for admission to training schools for nurses, a plan advocated by this Journal many years ago, to meet the needs of the smaller hospitals, which have neither sufficient new pupils to form a class, nor funds to maintain it.

Miss Nutting tells us in the *American Journal of Nursing* that arrangements have been made with the training schools of Bellevue and Allied Hospitals whereby the students who complete successfully the courses of study outlined will be admitted for two years of training and instruction in the care of the sick in the wards and other departments of the hospitals. Bellevue is a large municipal hospital with over a thousand beds, offering exceptional opportunities for practical instruction in the following services: medical, surgical, obstetrical, infants and children. The course is a further extension of the idea of preliminary training such as is now found in some of the leading training schools of the country, and its purpose is to give the student a more thorough grounding in the sciences underlying the art of nursing than can ordinarily be obtained in the hospital training school. It also aims to familiarise the student with practical procedures in general use in nursing. The student is thus prepared to benefit more promptly and fully by the opportunities which the hospital offers, and to bring a more intelligent effort to bear upon the problems presented by the patient. The students must, however, in all instances meet the physical and other tests required by the training schools.

The course is under the immediate control and direction of nurses.

The outline as at present arranged is given below, and should there be a sufficient demand for a training which brings the first year of a nurse's training (a period which must necessarily include a good deal of theoretical work) into the college, rather than the hospital, arrangements will undoubtedly be made to extend the relationship to other hospitals and to relieve them of theoretical courses, which are usually provided with considerable difficulty and expense and under conditions which seldom admit of proper study.

### PREPARATORY COURSE FOR NURSING.

*General and Educational Psychology.*—This is a general course in psychology, with special reference to dynamic psychology and the mental processes important to intellect and character.

*Elementary Anatomy and Physiology.*—This is an introductory course in human anatomy and physiology, with comparative study of general anatomy and physiology. It furnishes a general ground-work in biological science.

*Applied Bacteriology.*—This course will deal with bacteria, moulds, yeasts, and other micro-organisms, selecting for most attention the forms which affect our every-day life.

*First Principles of Chemistry.*—This is a course for beginners which gives special attention to the elements of chemistry as related to foods and other matters of household economy.

*Personal Hygiene.*—The course considers the human body as an organic machine, and presents personal hygiene as the study of the means of preserving and improving the health and efficiency of the human mechanism.

*Elementary Materia Medica and Therapeutics.*—This course includes a discussion of drugs, their sources, forms, and physiological and toxic effects, the handling of drugs, their accurate weighing and measuring, their preparation, proper methods of administration and dosage, poisons and antidotes.

*Food Production.*—The lectures of this course describe the preparation of the various staple foods, from the raw state to the finished product in marketable forms, and include a discussion of the composition, nutritive value, and cost of the available food materials.

*Food Preparation.*—The purpose of this course is to place food preparation on a scientific basis, and to systematise methods of work. The course deals with the preparation of food materials based on a knowledge of their composition and the chemical changes effected by heat and moisture, and indicates what cooking processes give best results in retaining nutritive principles in most digestible form.

*Cookery for Invalids.*—This course gives special attention to the food and diet of the sick and invalids. Instruction and laboratory practice are included.

*Housewifery.*—This course furnishes instruction and practical work in the care, cleaning, and order of the household. The cleansing processes, materials, and appliances are considered and practice is provided.

*Principles of Nursing.*—This course deals with the principles of science which are fundamental to the art of nursing, the practical procedures of the sick room, and the appliances of nursing.

*Social Economy.*—There are various courses under this heading treating of social and industrial problems, of the causes of poverty and sickness, and of the various institutions for their prevention and relief.

The *Montreal Star* has offered £20,000 to the typhoid fund if it becomes necessary for the citizens to take up the question after the election of the new Council on February 1st.



## How I Became Matron of St. Bartholomew's Hospital.

### A TELEPATHIC TALE.

By ETHEL GORDON FENWICK.

In the Life of the late Sir Sydney Waterlow, Mr. George Smalley has referred to my appointment as Matron to St. Bartholomew's Hospital in 1881, an account which I desire to supplement as accurately as possible.

In the autumn of the year 1879 I was appointed Sister of the Charlotte Ward in the London Hospital, upon the recommendation of the Matron, Miss Swift. To look forward, thirty years appear interminable, to look back, they seem to have vanished in a night. There have apparently been significant changes in our hospital world during these three decades—changes on the surface—but of elemental changes there have been none—and there never will be. Human nature, as it was in the beginning—as it is—so it ever will be. That is the reason why we never grow old—or wise—as to the young we appear to do. Thirty years ago I arrived at the London in a growler—to-day I should whisk there in a taxi. What's the odds? *I should arrive.*

I am in the humour to write philosophic memoirs, but space forbids; instead I will record a page of personal history. Things hummed and were of absorbing interest to us obsolete folks, who laughed, and wept, and worked, oh! so hard in the great East End Hospital in past days. Take it from me—modern nurses—that the explorers had a glorious experience—the women of the sixties and seventies who grappled with almost unsurmountable difficulties in the hospital world, had the best of it. Metaphorically we fought with beasts at Ephesus, and the victory was to the strong. We unfurled our standards and planted them in high places. Yet these were the happy-go-lucky days before nurses were trained—when we just "picked up"—when our demand for knowledge was insistent, when we loved learning, when we went off duty with reluctance, and a stretch of 24 hours on emergency duty found us fresh and keen in the morning. Not so bad for us!

My charge in "Charlotte" was 53 beds, which were usually occupied by acute cases, with a staff of four nurses in day duty, and two on at night. This was no insecure for a Sister. On duty at 7 a.m., going ahead all day at full speed until 5 o'clock dinner. Breakfast, lunch, tea, often standing meals on the Floor, off duty from 6 to 8, if possible, and then three hours' strenuous work until 11 p.m. After which blessed bed.—Not

yet awhile. Now came the only quiet hour for study. There were few nursing books in those days. But there were medical journals, students' manuals on anatomy, physiology, and therapeutics, Hoblyn's dictionary, and the works of Plato and John Stewart Mill. We devoured them. I made it a rule never, if possible, to go to rest in ignorance. Words of unknown meaning in clinical lectures, new symptoms and diseases, new treatments, drugs, and diets must all be cleared up overnight, notes made for the instruction of nurses, and an insatiable mental avidity appeared.

One night in the winter of 1880-81, seated at my bedroom table, I was thus absorbed. The door was open, as I wished to speak with Night Sister as she passed by. Presently she stood smiling on the mat.

"I've got a bit of news for you. Sister Charlotte," she said. "A nice little post is vacant, which will just suit you no doubt."

I put down my pen.

"What is it?" I asked.

"Oh! only Bart's," she replied airily, and turned as if to go her rounds.

Then she returned.

"Think of it," she continued, "the accumulated prejudices of eight hundred years! Doctors and old Sisters on one side, the Matron and modernity on the other. Prejudice has just won the day, and the Matron has resigned."

"Shouldn't I just love to tilt at prejudice," I exclaimed. "Oh! for the chance!" and I closed the dry-a-dust dictionary and sent it spinning.

"I thought that would appeal to you," laughed Miss Seavill, and with a spice of malice she whispered derisively. "Good night, Matron of Bart's," and was gone.

I turned to my books, but the spell was broken. My attention wandered. I read the same sentence over a dozen times without grasping its meaning. Suddenly a voice said peremptorily, "Go in for Bart's."

I sprang up and went into the Lobby, expecting to find Miss Seavill. No one was there. I re-entered my room and closed the door. Again the order was conveyed to my inner consciousness.

No doubt I was over-tired. I stood at the open window and breathed keen air. A perfect starlit night, all peace below in the Governor's garden. The far-off muffled roar of traffic in the Whitechapel Road was soothing.

Then I went to bed. But there I found no rest.

Again and again the insistent direction was given—

"Go in for Bart's. Go in for Bart's."

At last in desperation I sat up in bed and said aloud quite solemnly:

"I am terribly tired. If you will let me go to sleep I promise I will go in for Bart's."

Then I slept.

When I awoke I felt strangely disturbed. The whole incident flashed across my mind. I had solemnly entered into a contract with an invisible force, and must keep my pledge. In the broad light of day the presumption and absurdity of an unknown young person, who had not yet completed three years' hospital service, calmly proposing to assume the Blue Ribbon of the Nursing World, was sufficiently evident to me. What well deserved ridicule would be the result of such presumption!

Nevertheless, I did not intend to break my word.

So, when dressed, across to Rachel Ward I went, where my friend Cassandra Beacheroff must be made acquainted with this folly.

I told her the facts.

Very sprightly, and full of wit and grit, was this Sister Rachel. We cackled in chorus in our light-hearted way. We thoroughly enjoyed the joke, and then we sobered down.

"Apply I must," I sighed dolefully. "I have promised the spirits."

"Of course," said Rachel, and that settled it.

"What shall you do?" she inquired.

"Go straight to the fountain head, of course," I answered. "To-morrow morning I shall call upon the Treasurer of St. Bartholomew's Hospital."

And I did.

(To be continued.)

## How An Ex-Nurse is Privileged to Spend Sunday Morning.

I live in the country, some distance from church, and look on it as a great privilege if I can manage to get there twice a month in time for the midday Communion (about 11.45); for I have a delicate husband, three little children, and a very young maid. On this particular Sunday morning I was up betimes, saw to the children's dressing operations and their breakfasts, bathed my baby, made an apple pie, and put the rest of the dinner that it *could* not get spoiled, whatever my maid did or did not. Then a casual putting tidy of the bedrooms, for we do no work we are not obliged, and at last I hurry over my dressing.

I am putting on my gloves at the front room window, preparatory to starting, when—what

do I see? A child on the opposite pavement choking, nearly black in the face! Has it whooping cough, or what? Off go my gloves, I tear across, seize the child, and run indoors, followed by the big brother, aged about ten. The little patient might be three. I get a finger down the throat, but the obstruction is too far down to move with it. What do I feel—is it a pin or a fishbone? Soothingly I tell the child I will make her better while I get out my forceps, long since disused; but in my cottage it is a long way to boiling water, so down they go as they are. They were put away clean, and I will not say what I have seen even doctors do in emergencies!

Fortunately the pin (a very large one, which we, as children, would have christened a "pig-sticker") was bent, and I was able with very little trouble to extract it. Then I swabbed the throat with boracic and glycerine, and with an orange to compensate for the other evils, I sent the children on their way to their own home.

Now for church. Have I time to get there? As I am washing my hands, my little girl runs in and tells me, breathlessly, "Mother, Charlie (2½), has killed a baby outside with a stone! It must be dead, coz its face is covered with blood!" Down I rush and haul a little blood-stained mortal of about 14 months from its pram, and carry it through to the kitchen. Oh! my poor Sunday-best frock!

My maid gets me a basin, cotton wool, boracic, old rag and bandages, and then I send her to stop the din the two elder children in charge of the pram are making outside the house.

The ablutions (how needed!) show me there is a ½-inch cut close over the temple, and I prepare some old hospital "bread and butter" of boracic ointment on linen for future occasions. A neat little head bandage, a clean bonnet, frock, and pinafore belonging to my children, and the baby is quite presentable. The old stained garments are put in a parcel, some dressings in another, and all the children get oranges and biscuits, the baby a cup of milk, and I send them off with a letter of apology to their mother for the misdoings of my young hopeful.

Then come *his* bad few minutes with Daddy, and never again have I had cause to complain of him, even if other "swanks" (as he calls them) began it!

No doctor lives nearer than a good half hour's walk from my house, so I try to refrain from being disappointed at having to wait another fortnight for my service.

ALEXIA

## Practical Points.

### A Recent Surgical Convenience.

In the operating rooms and on the surgical carriages in the wards, says the *Johns Hopkins Nurses' Alumnae Magazine*, may be seen a piece of ivory soap stuck with the varieties of pins which it pleases the doctor and the head nurse to most affect. Our old friend, the black headed pin, long associated with crinoline dressings, retains still an honoured place. The history of the introduction of the soap into the hospital is interesting. Three years ago Dr. R. H. Follis operated upon a patient at the Church Home. The patient was a tailor by profession and chanced to reside in Annapolis. When dressings were made he observed the difficulty with which the safety pins were put through the binder and suggested trying the method the cadets at the Naval Academy had evolved to help in pinning through their stiff ducks. This simple but most effective device was a piece of soap as a pin cushion, and he further remarked that carpenters applied the same principle to screws. Dr. Follis immediately tried the plan, with such success that it has been generally adopted in the surgical service.

### Cystoscopy.

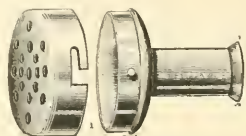
Catheterisation of the ureters is a comparatively new achievement, though experimenters have been at work on instruments and devices which should make it possible since 1807. The object is, of course, to get specimens of urine from each kidney separately as a means of diagnosis of kidney disease. The latest and most successful device for doing this is the cystoscope, a tube which combines a tiny electric light and either one or two catheter points; by this means the interior of the bladder is lighted and the entrance to the ureter is made sure. In using the instrument antiseptic precautions are observed. The parts are cleansed as usual, and the cystoscope, which has been kept in an atmosphere of formaldehyde gas, is immersed in a strong formalin solution for thirty minutes, then washed with sterile water. With the earlier instruments pain was produced, and a general anæsthetic was necessary; now local anæsthesia is used, as the perfection of the instrument has resulted in its having a smaller calibre. The subject, which is referred to as above in the *American Journal of Nursing*, is described more in detail in an article by Dr. P. Duncan Littlejohn in a medical contemporary.

### An Improved Inhaler.

Dr. Alexander Ross describes in the *Lancet* an appliance for the inhalation of medicated air in the treatment of diseases of the respiratory tract, as follows:—Its special features are: (1) It consists of two simple parts, having nothing to wear out or go wrong. (2) It is made of a light but strong white metal, which admits of it being boiled in soda solution, and thus easily rendered aseptic after use. (3) It admits of no erosion in contact with the atmosphere or absorption of septic matter. (4) It is unbreakable, and can be used with both hands free, and

thus allow the user to follow his or her usual vocation.

*Method of using it.*—A pellet of absorbent wool is dipped into any suitable medicament and then placed in the centre of a small round plate of the same material. The wool plate is then folded in over the pellet and placed in the mouthpiece. The end-piece is fixed on by means of a bayonet catch. Begin using by blowing strongly outward; this



clears the wool from the mouthpiece. The inhalations should be done by long, slowly drawn inspirations until the lungs each time are fully inflated. The breath should be held for some time and then allowed to pass out by the nostrils. This inhaler has been made for Dr. Ross by the Medical Supply Association, of 228, Gray's Inn Road, London, W.C.

## Legal Matters.

### KENEALY *versus* LORD NORTHCLIFFE AND THE "DAILY MAIL."

An action now pending, and which is expected to be heard in the King's Bench Division as we go to press, involves several important points, and is of considerable interest to women workers and journalists. It is brought against Lord Northcliffe and the *Daily Mail* by Miss Annesley Kenealy, lately Editor and Manager of the "Humanities Department" of that paper. Miss Kenealy will conduct her own case, and Mr. Rufus Isaacs, K.C., has been retained for the defence. An important witness may be the Hon. Sydney Holland, Chairman of the London Hospital.

### SHOP-LIFTING BY WOMAN DESCRIBED AS A NURSE

Two women, Marion Cohen, described as a nurse, and Nellie Cohen, said to be her daughter, formerly a barmaid, have been convicted at Marlborough Street Police Court of stealing a pair of boots, value 4s. 11d., from Messrs. Bourne and Hollingsworth, in Oxford Street. No evidence was offered that the elder woman had received any training as a nurse, but the nursing profession is credited with her crime. An effort was made to have the prisoners dealt with under the Probation of Offenders' Act, but the magistrate said it would be an abuse of the Act, and sentenced both to twenty-one days' imprisonment in the second division.

### THEFTS FROM NURSING HOMES.

Henry Trotman was last week sentenced at Liverpool to twelve months' imprisonment, with hard labour, for stealing jewellery and money, to the value of £55 from the nurses' bedrooms in two nursing homes.

## Appointments.

### LADY SUPERINTENDENT.

**Cork Street Fever Hospital, Dublin.**—Miss A. S. Rhind has been appointed Lady Superintendent. She was trained at the Meath Hospital and the Cork Street Hospital, Dublin, and has held the position of Sister in the Cork Street Hospital, and of Nurse-in-Charge at Loughlinstown Hospital, and has been Sister in the Army Nursing Service Reserve. She is at present Assistant Matron at the Cork Street Hospital. The appointment of a lady with Irish training and experience will no doubt be a popular one in Ireland.

### MATRONS.

**Brighton and Hove Dispensary, Western Branch, 9, Portland Road, Hove.**—Miss M. B. Milborne has been appointed Matron. She was trained at the Sussex County Hospital, where she was for three years Night Superintendent.

**Cottage Hospital, Horsey.**—Miss E. H. Grime, who has recently been appointed to the Matronship of the above hospital, formerly held the position of Assistant Matron at the Taunton and Somerset Hospital; not of Matron, as notified to us.

### NURSE MATRONS.

**Bridgend Cottage Hospital.**—Miss Rosa Kicke has been appointed Nurse Matron. She was trained at the Royal Devon and Exeter Hospital, where she has held the positions of Staff Nurse in Male and Female Wards, Sister in the Children's Ward, Sister in a Men's Surgical Ward, and Night Superintendent.

### SISTERS.

**Charing Cross Hospital, Strand, W.C.**—Miss Sara Young has been appointed Sister. She was trained for four years in the same hospital, and has held the position of Staff Nurse for one year on a surgical landing, and for the same period on a medical landing. She also did Holiday Sister's duties in the summer, and Sister Housekeeper's holiday duty.

**Royal Cornwall Infirmary, Truro.**—Miss Loveday Down has been appointed Sister of Male Wards and in the Theatre. She was trained at the Metropolitan Hospital, Kingsland Road, London.

### STAFF NURSE.

**Union Infirmary, Saltford.**—Miss Bridget Turner has been appointed Staff Nurse. She was trained in the same institution.

### SCHOOL NURSE.

**Education Committee, East Ham.**—Miss A. Kay has been appointed School Nurse under the Education Committee in the Borough of East Ham. She was trained at the General Infirmary, Leeds.

### QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

**Appointments.**—The following ladies have received appointments as Staff Nurse:—Miss F. L. Trotter, Miss E. L. Murray, Miss G. M. Griffiths, Miss J. Todd, Miss D. Turner, Miss M. M. Davies, and Miss M. McNaughtan.

**Postings and Transfers.**—**Matrons:** Miss A. A. Murphy, to South Africa. **Sisters:** Miss E. Barber, to Military Hospital, Devonport, Miss A. B. Wohlmann, to Cambridge Hospital, Aldershot.

**Staff Nurses:** Miss A. R. Sibbald and Miss V. L. Batteson, to South Africa; Miss G. M. Bennet, to Military Hospital, Dover; Miss E. K. Parker, to Military Hospital, Hounslow; Miss E. A. Rutherford, to Military Hospital, Dover; Miss F. E. Manfield, to Egypt; Miss J. Todd, to Royal Herbert Hospital, Woolwich; Miss M. M. Davies, to Military Hospital, Colchester; Miss E. L. Murray, Miss G. M. Griffiths, and Miss F. L. Trotter, to The Queen Alexandra Military Hospital, Grosvenor Road, London, S.W.; Miss D. Turner, to Military Hospital, Devonport; Miss M. McNaughtan, to Cambridge Hospital, Aldershot.

**Appointments confirmed.**—**Staff Nurses.**—Miss W. E. Eardley, Miss M. G. C. Foley.

**Arrivals.**—Miss M. C. S. Knox, R.R.C. Matron; Miss C. Hutton Potts, Matron; Miss R. Osborne, Sister; Miss E. Barber, Sister; Miss M. M. Blakely, Sister.

Miss J. M. Clay, Sister, resigns her appointment (January 5th).

Miss E. Cooke, Staff Nurse, resigns her appointment (January 8th).

### QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

**Transfers and Appointments.**—Miss Mary H. Jones to Huddersfield, as Superintendent; Miss Florence J. Pritchard to Hull, as Superintendent; Miss Mary C. Browne, to the Shropshire County Nursing Federation, as Assistant County Superintendent; Miss Gertrude Magson is appointed Senior Nurse, Chelsea; Miss Annie Meeson, to Leeds, Hunslet Home; Miss Janet Gibb, to Leeds, Holbeck Home; Miss Maud Williams, to Stockton; Miss Isabel Saily, to Chatham, as School Nurse; Miss L. Monica Appleford, to Bath; Miss Ann C. Roberts, to Carmarthen.

### PRESENTATION.

Miss A. Barling, a Member of the Matrons' Council of Great Britain and Ireland, who, after holding the position of Matron of Kidderminster Infirmary, and Children's Hospital, for seventeen years with distinction, is now retiring, was last Friday presented by Mrs. Arthur Jones with an Address, and a purse containing £120, from the friends and supporters of these institutions in the presence of a large and representative gathering. Dr. Walter Moore, President of the Infirmary, who presided, spoke of the splendid services which Miss Barling had rendered to the institution, as did also the Mayor of Kidderminster, Dr. Lionel Stretton, and others. Miss Barling warmly acknowledged the gift. Amongst those present was Miss McFarlane, who has been appointed Miss Barling's successor.

The Joint Isolation Hospital Committee of the Richmond Corporation and the Heston and Isleworth District Council showed their appreciation of Miss Stone's eleven years' service in the capacity of matron at Morden hospital, by presenting her with a beautiful Dresden china clock. The presentation was made by Dr. F. J. Wadd, ex-Chairman of the Committee, after the monthly meeting on the termination of the engagement.



## Nursing Echoes.



A meeting of the Matrons' Council will be held on the evening of "Conference" Day, January 25th, as several members from a distance will be up in London. Miss Mollett, the new Hon. Secretary, has great faith in the possibilities for usefulness of the Council, and has arranged for Discussions on Hospital and Infirmary Kitchens and Laundries. Miss Musson, of Birmingham, will present a Paper on Kitchens, and Miss H. Todd, of Wandsworth, one on Laundries. These domestic departments are of the greatest importance in the scheme of hospital management, and much more depends on their good management than is usually acknowledged.

The last number of the *Queen's Nurses' Magazine* closes the sixth volume, and with the present year some important alterations are to be made. The Magazine will appear four times a year instead of three as heretofore, and the months of issue will be January, April, July, and October, the change to take effect in April. In 1911 the subscription will be raised to 1s. 6d.

Under the new arrangement the Queen Victoria's Jubilee Institute will avail itself of the Magazine for circulating notices and sending instructions, to Queen's Nurses, and it is hoped that this will be an additional inducement to them to support it. It needs and deserves the support of all Queen's Nurses, as well as of the Hon. Secretaries of local associations.

We hope that Lady Dudley, who is known to be sympathetic with the maintenance of efficient nursing standards, and in the West of Ireland employed only thoroughly trained Queen's nurses, will, in helping the organisation of district nursing in Australia, encourage the same high standard as that of the Queen's Nurses at home, and insist upon a living wage. One wonders what is going to happen in the future in England to all the poor cottage nurses, subsisting in their working days on such small salaries, that they cannot save a penny for old age.

Mr. Isaac Landau, Hon. Secretary of the Kosher Kitchen at the German Hospital, Dalston, is appealing for contributions to its endowment fund. These should be sent to Mr. J. Schwarzschild, Treasurer, 58, Pembridge Villas, W.

The annual "At Home" given by the nursing and resident staff at Charing Cross Hospital is always excellently arranged, and that which took place on Thursday last week was most enjoyable. The guests were received in the Out-patient Waiting Hall by Miss Mildred Heather-Bigg, the Matron, and Mr. Sydney Welham, Resident Medical Officer. The concert given in the Great Hall of the Hospital was charming and most entertaining, and was highly appreciated by the large audience. The impersonations of well-known actors by Miss Gladys Marsden were wonderfully clever; so were the illusions of Simbri, Oriental illusionist and conjuror; and "The Grotesques," under the direction of Mr. Vere Smith, brought down the house.

The Buffet, after the concert, was in the Dispensary Hall, which had been most charmingly decorated, the prevailing note being red. Fairy lights glowed through ruby glasses, the lamps had big poppy shades, poppies wreathed the pillars, and red japonica, made by clever fingers and trained up the framework of screens, converted them into pretty trellis work. The hosts and hostesses are greatly to be congratulated on the success of the evening. With so genial a hostess and capable organiser as Miss Heather-Bigg, this was a foregone conclusion.

Mr. Edward Henry Cardwell, of 11, Cromwell Place, South Kensington, who died at Newmarket in November, left, amongst his bequests, one of £4,000 to Nurse Susan Wareing, which will bring in a comfortable income.

Two rich and original people who have had occasion to employ nurses from time to time sent them this Christmas most acceptable gifts. These were little "lucky puddings" in diminutive basins. Imagine the amusement of the recipients when partaking of these "surprises" to discover several golden sovereigns in each. In one case the nurse shared her pudding with her maid, who went home the richer, with a new ten shilling piece! All's well that ends well, but how easy to swallow these delectable little coins!

The new Nurses' Home of the Cumberland Infirmary, at Carlisle, is now open, and occupied. A number of guests invited by the Matron, Miss Cummins, recently inspected it, and had tea. The Home, which supersedes the accommodation formerly used for the nurses over the old entrance, consists of a ground floor and two storeys above. At the base there is a spacious dining hall, with library adjoining, and a handsomely furnished sitting room. The

first floor has bedroom accommodation for nurses on day duty, and the top floor has been arranged similarly for the nurses on night duty. There are 40 bedrooms, each nurse having a separate room. The entire wing has been fitted up and furnished in the best style. In conjunction with the new kitchen, laundry, and servants' accommodation it marks a great advance in the administrative resources of the Infirmary.

At a meeting of the Carnarvon Board of Guardians last week, a recently appointed certificated nurse wrote complaining of the unsatisfactory arrangements in the institution. Her sleep was, she said, frequently broken at night by disturbances in the wards, where imbecile patients frequently fell out of bed, or dressed themselves and walked about. The infirmary was also understaffed; "as things are it is nothing short of slavery." She found it impossible to discharge her duties thoroughly. Further, there was no bathroom or lavatory for the nurses' use. The Board decided to effect such improvements as could be carried out without expenditure of money.

The customary annual meeting of the managers with the nurses of the Royal Infirmary, Glasgow, was recently held in the Dispensary Hall. Lord Provost A. McInnes Shaw presided.

The Lord Provost having wished the company a bright and happy New Year, congratulated the staff on their continued successful administration of the Royal Infirmary. It was, he said, no easy task to maintain unimpaired the full ordinary work of that great institution while the reconstruction scheme was, all the time, actively progressing. Space was limited, and the work was increasing day and night, and he took that opportunity of expressing the gratification of the citizens at the success with which the managers continued to grapple with their difficult task. It could not be done without the co-operation of the whole staff, and they must all recognise the devotion and ungrudging efforts continuously put forth by all—from Dr. Thom, the Superintendent, and Miss Melrose, the Matron, down to the youngest member of the staff. The year had been an eventful one for the nurses especially, for in June last the extension of the Nurses' Home was opened, and now, at long last, all the nurses were housed in their own comfortable home. A year ago there were 160 nurses on the staff, of whom only 106 could reside in the home, leaving 54 to be put up where they

could in various odd quarters throughout the buildings. Now the extension home was open, there were 170 nurses on the staff. He congratulated the nurses upon their happier state of affairs.

It was evidently widely appreciated, for he was informed that last year there were no fewer than 570 applicants for 36 vacancies on the nursing-staff. He thought that an extraordinary state of affairs. It was interesting to know that of the nurses who had left the infirmary service during the past year, most of them took up private nursing. Some of them went for fever training, some of them for maternity training, two went out as missionaries, and three—only three—had embarked on matrimonial adventure. They would agree with him that wherever they were, or whatever they might be called upon to do, everyone of the nurses was by her training better fitted to live her life and to bring blessing to others.

Mr. J. D. Hedderwick, Chairman of the House Committee, reciprocated on behalf of the managers and nurses the good wishes expressed by the Lord Provost, and submitted some statistics relating to the Infirmary.

Miss Balmer, of Edinburgh, who is reported to be thoroughly qualified, has been appointed district nurse at Kennmore, much to the satisfaction of the neighbourhood. After Mr. Dewar's withdrawal of the endowment, a new Committee was appointed, and strong efforts are to be made to secure funds. So that little difficulty has been overcome.

We are glad to report that Miss Mary A. Snively, Lady Superintendent of the General Hospital, Toronto, and President of the Canadian National Association of Trained Nurses, has consented to become a collaborator of this Journal. This will, we are sure, give great pleasure to our readers, who know and value Miss Snively's work for the profession of nursing.

Miss Estrid Rodhe, Editor of the Swedish Nurses' Journal (*Svensk Sjuksköterske-tidning*) has also kindly consented to act as one of our collaborators. Miss Rodhe, it will be remembered, was one of the distinguished nurses who attended the International Congress of Nurses last year, and was Secretary to the Committee formed of representatives of all the chief nursing institutions in Sweden, under the patronage of Queen Sophia, which organised the splendid delegation from Sweden. We warmly welcome her help as a collaborator.

## Reflections.

## FROM A BOARD ROOM MIRROR.



The King held the Dissolution Council at Buckingham Palace on Monday last, and the whole country is now engaged in a monumental struggle for political power, as the General Election is in full swing. Although women (even the poor old "chairs," we suppose) are pronounced far too dainty to record a vote, they are everywhere in the front ranks of the scrimmage, at the instigation of the men to whom they belong. What a world of humbug it is to be sure!

The British Red Cross Society has published in pamphlet form the address given by Surgeon-General Sir Alfred Keogh, Director-General of the Army Medical Service, at a meeting held at St. James's Palace recently. The pamphlet is illustrated with plans and diagrams, and appended to it are specimen courses of instruction and lists of equipment which various units will require.

Mr. M. L. Waller, of the Home Office, has been appointed H.M. Commissioner of Prisons for England and Wales, in succession to Dr. H. B. Donkin, who retires under the age rule.

The late Miss Morrison, of Basildon Park, has bequeathed £5,000 to the Royal Berkshire Hospital, Reading, free of legacy duty.

Mr. and Mrs. Sidney Webb have a new book nearly ready with Messrs. Longmans dealing with "English Poor-Law Policy."

An appendix volume has been issued containing the reports of visits by the Commissioners to Poor-Law and charitable institutions and to meetings of local authorities in the United Kingdom.

One of the grandest schemes ever devised by a municipality has been sanctioned in respect of Paris. It involves a sum of £36,000,000, the expenditure of which is to be spread over eighteen years at the rate of £2,000,000 a year. Practically it means that Paris is to be brought up to date. Complaints on the subject of Paris water are historic; it is proposed to remove their just cause. By the sinking of new wells, by the tapping of new sources, and by superior methods of filtration, Paris hopes to live down its evil reputation for a microbe-infested drinking water. Two millions go to new hospitals. The care of the sick has not been scientific in the past; the buildings are old and insanitary, and most inadequate to the purposes for which they are intended, if one compares them with English and American institutions. They are to be reconstructed on modern hygienic lines.

We hope it is not proposed to sweep away all the old and picturesque streets, some of which date back to the days of Henry IV., so full of historic and artistic interest.

## Nurses' National Journals.

One of the most admirable of the League Journals is that of the Leicester Infirmary Nurses' League, and the one just to hand is fully up to the usual standard of excellence. The frontispiece is a picture of the beautiful new Nurses' Home, which it is hoped will be opened at the end of this month by Mrs. Fielding Johnson, and Miss Rogers anticipates that many members of the League, when they see it, will want to become pro's again.

Miss L. L. Dock, Hon. Vice-President of the Leicester Infirmary Nurses' League, contributes an admirable article on the subject of League and Alumnae Journals, which we publish below in full, in which she urges nurses to give loyal support to their National Organs. She writes:—

Nothing gives plainer proof of the modernised character of the nurse's calling than the number of nursing journals that have arisen in the different countries. Our national organs in England and America\* seem to have had the effect, among their other functions, of starting a whole crop of smaller, more individual publications belonging to Leagues and other special groups, and this is a very excellent and hopeful growth, showing that unity of purpose and feeling for co-operation is extending among nurses, and that they feel the need of being in close and ready touch with one another. Moreover, these local journals, voicing the interests and chronicling the doings of their special groups, are good practice schools, where young nurses learn to write for publication, manage business affairs, and prepare for future usefulness on lines larger than individualistic concerns, just as our League and Alumnae Meetings are schools for debate, clear thinking, ready expression, and harmonious united action.

It would be an excellent plan for a system of exchanges to be carried on between League and Alumnae journals. Many of them are of special excellence, and all are interesting as throwing light on what nurses are doing. Each group conducting a journal could thus gather files of all the other journals for their club house libraries or for their reading rooms in nursing homes and institutions. Such collections would have great historical value. Every little while a new League or group journal appears, and as a rule, the first numbers of a publication are the ones that are soon out of print and most difficult to find in making complete records, so that all journals should try to provide a good number of extra copies of early numbers to be ready for later calls for complete files.

Our interest in our own local journal, however, should make us all the more intelligent about the necessity of supporting our national journals. The intelligent man not only reads his local newspaper but the publications of larger reach as well, and every nurse should learn to realise what her national magazine means, and what its task is in the whole nursing field.

Great changes are going on in nursing. Great

\* THE BRITISH JOURNAL OF NURSING and THE American Journal of Nursing.

progress in education is called for and much is being done. Every country has a progressive and a reactionary party, in nursing as well as in other affairs. The latter in every country resists the progress of women in general, resists education in particular as being the *sine qua non* of progress. Our national journals voice and express the progressive demands in a way that no smaller or local journal can do. They buffet with the enemy and are exposed to his attacks and counter attacks. In a word, our national journals are our champions who are out in the arena fighting our battles for us, taking risks, pushing the way open, standing for the economic and educational conditions that are highest and most ideal. They voice the inarticulate masses of nurses who are too closely absorbed in the care of the sick to speak for themselves or to watch their own interests. Each such nurse, therefore, should feel that, while she is on duty behind closed doors, her national journal is doing sentry duty, as it were, for her, out in the great market place of the world, where selfish private interests are ever seeking to reduce the status of working woman to a more degraded level. Every nurse, should feel it her duty to herself, and to her professional standards, to help support the journal that represents her in that wide public where she cannot represent herself, and that protects her educational and social status when she is herself too busy or too weary, to be vigilant about things of so general a nature. To do this is a simple matter of self-protection: it is like keeping up an accident insurance. We do this by subscribing individually to our defensive organs, our nursing journals. Now, if there are opposition journals that advocate reactionary principles, aimed at our degradation as women and as self-supporting citizens, and if we subscribe to these, we do just as foolish a thing as a nation would do if it supplied its foe with ammunition, or a householder who would give the burglar his pass key. It is surprising how seldom nurses realise that by contributing their money to opposition papers they strengthen the very party against which they find themselves struggling. It is said, however, that opposition is good for us. This is true, but we need not pay for this benefit. Let us loyally encourage and support our own faithful scouts and sentries, our official, professional, independent, ethical, and indispensable nursing press.

#### A WELCOME NEW YEAR'S GIFT.

The New Year has brought a welcome gift to some half a million of London householders, in the shape of the announcement by the Gas Light and Coke Company of a further reduction in the price of gas. This time last year the Company reduced its price from 2s. 10d. to 2s. 9d. per 1,000 cubic feet, and now a further drop to 2s. 8d. is announced—making a total reduction of 4d. per 1,000 feet in the past five years. In view of the large and growing volume of testimony from medical and scientific men to the fact that a properly designed gas fire, properly fixed and intelligently used, is not only not less, but is actually more hygienic than a coal fire (in which unpurified gas is burnt), it is not surprising that the use of gas fires is extending.

## Professional Review.

### VISITING NURSING IN THE UNITED STATES.

A most useful and interesting book on "Visiting Nursing in the United States," by Miss Ysabella Waters, of the Nurses' Settlement, Henry Street, New York City, is published by the Charities Publication Committee, 105, East 22nd Street, New York. Part I. contains chapters on the history, principles, organisation, and methods of administration. Part II., a Directory of the organisations employing trained visiting nurses, and appended are some useful tables—(1) a list of organisations arranged alphabetically by States and towns giving details as to affiliation, training, hours of duty, classes of cases attended, and salaries; (2) showing the growth of visiting nursing in the United States from 1874; (3) the number of associations and of visiting nurses in each State—New York State alone has 108 associations, and 458 visiting nurses, and Pennsylvania comes second with 119 associations, and 168 visiting nurses; (4) the municipalities employing visiting nurses for tuberculosis patients, the State Department of Health, Harrisburg, Pennsylvania alone employs 91, and the Department of Health, New York City, 24; (5) the Municipalities employing Public School Nurses, and here the Department of Health of New York City is easily ahead with 141 school nurses.

The frontispiece of the book is a map showing the location of the Visiting Nurse Associations in the United States, and if we take a fairly straight line from the State of Minnesota to the west of Lake Superior in the North to the Gulf of Mexico we shall find nearly all east of that line.

#### PRINCIPLES.

The chapter on "Principles" is very interesting, and shows clearly the need for a high grade of worker in this branch of nursing service. We read: "The requirements of the visiting nurse are not only practical and professional, but in a large measure spiritual. Purity of motives, integrity of work, and broad conceptions of duty to mankind, are for her not remote ideals, but necessary qualities in satisfactorily carrying out the daily routine."

#### ECONOMY OF VISITING NURSING.

"In addition to the humanitarian and social reasons for urging adequate nursing of people in their homes, is the important one of the economy to the community in thus caring for the sick. The available space in hospitals is entirely inadequate for meeting the demands of all who need nursing care. Certain acute and chronic cases do well at home under proper conditions, while many patients cannot or will not go to the hospitals. The costly hospital space may well be reserved then for those who need it urgently."

#### QUALIFICATIONS OF THE NURSE.

"The physicians have not always given the visiting nurse immediate co-operation. In her experience she is repeating the history of the struggles of the women who first tried to gain recognition of their value and place in the hospitals. Some physicians have never been associated in their practice with the professional nurse; therefore, they are unaccustomed to her use, but the



power to make home service most effective rests largely upon the doctor's readiness to recognise the value of the trained nurses' co-operation, and to call freely upon her for assistance.

"Much of the responsibility for the success of the work also rests upon the nurse. . . . Inasmuch as visiting nursing is largely among people who cannot afford a trained nurse all the time, the attendance of a physician is likely to be infrequent, and therefore greater responsibility for detecting symptoms and reporting them intelligently, falls upon the nurse. Often most delicate adjustment between doctor, family, and neighbours rests upon her discretion. For this reason, great care should be taken in the selection of the nurse, to ascertain her aptitude for the service, and to determine whether she is well equipped for it by her training.

#### CALLS FOR THE NURSE.

"When visiting nursing associations were first organised, it was customary to prescribe stern rules as to the method of obtaining her services. It was usual to forbid her to answer calls except upon the written request of a physician. After she was assigned to a particular physician. It is now quite generally the rule that visiting nurses may be sent for by all physicians, and some well-known visiting nursing societies encourage calls from every source. Because of this the gain in the acute service has been noteworthy, and the system works out as very practical in many ways. All societies rightly require the visiting nurse to obtain a physician for the patient when none is in attendance, and to act under his directions. There are, however, many seriously sick people who can reach her, for whom treatment might have been delayed, or never given, if she had been available only through the physician; this because of easier access to the nurse, and because she is often more generally known in a neighbourhood than any other person.

#### CHARWOMEN.

"In case of emergency a good nurse should be ready to do any kind of service that bears relationship to the welfare of her patient. But it would be wasteful to use her time and strength for work that could be done by an unskilled person. It is good policy, therefore, to engage women to do cleaning or laundry work when there is no one in the family who can do it." At the Henry Street Settlement the nurses are authorised to engage women to clean the homes or do laundry work for the patients if necessary.

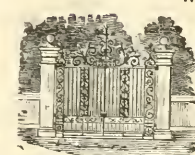
#### FEES.

The salary of the nurse should be entirely independent, and all money coming to her from fees should be paid over to the Society, but where patients are able to pay a small fee they generally prefer to do so. These fees may be nominal from the point of view of the Society, but they represent, for one hour's service or less, a far greater percentage of the income of a working man receiving two dollars a day than the 25 dollars a week paid the private nurse for twelve hours' attendance from an income of 5,000 dollars a year.

The book is dedicated to Miss "Lillian D. Wald, Founder of the Nurses' Settlement, New York City, whose work has been an inspiration to so many nurses."

## Outside the Gates.

#### WOMEN.



Mrs. Sarah Frances Horton, one of the earliest advocates of Woman Suffrage, and formerly a well-known lecturer in the United States, is dead. After death the following note was found pinned on the wall:—"This is end—friendlessness, death. Let no one play the game of philanthropy who would desire peace, and peaceful end."

Here we can tolerate philanthropy but not political freedom.

The "Men's Committee for Justice to Women" (which is independent of any suffrage or other political society or party) has issued a statement to the electors signed by several members of Parliament, clergymen, doctors, and others, which says: "As British citizens we wish to protest against the policy of the present Government in regard to the question of the political enfranchisement of women. . . . We view with especial horror and indignation the forcible feeding of women, who, as a protest against their treatment by the Government, resolve to abstain from food so long as they are detained in prison. We disapprove of personal violence, whether inflicted upon Cabinet Ministers or helpless women in gaol."

Throughout the history of Japan, women have had great influence upon its affairs, and one of the most instructive sections at the Japan-British Exhibition at Shepherd's Bush next year will be that devoted to women's work. There are to be fine samples of lace-work, drawn-work, gold and silver work, embroideries, and brocades. In the matter of the toilet, English women will be delighted with the exhibition of the exquisite toilet sets—useful as well as artistic—and with the beautiful, modern, richly-embroidered costumes made by Japanese women. The British public will also see what Japanese women are doing in connection with the Red Cross Society of Japan, which is one of the most thorough and well-equipped organisations of its kind in the world.

An article in *The Englishwoman*, proving the constancy and fidelity, the tenderness and courage of the Southern women during the Civil War in America, 1861-1865, is supremely interesting, and their work for the sick and wounded fine in every way. The Wayside Hospital of Columbia, South Carolina, established on March 10th, 1862, and continued until February, 1865, when the burning of Columbia by General Sherman ended its good work, was the first institution of the kind in the world. How these women worked and starved, so that the Confederate Army might be clothed and fed, is something greatly to the credit of humanity.

## Book of the Week.

## LADY ELVERTON'S EMERALDS.\*

The book is a slight one, but well written, and as such can be recommended to nurses who, at the close of a hard day's work, often want to read something which brings sustained interest, relaxation, and rest. The plot is uncommon. The heroine, Evelyn Ransome, should perhaps be more accurately described as "the leading lady," for heroine is not a word applicable to a girl who leads the man who loves her into an indiscretion which ends for him in five years' penal servitude, who never goes near him before the trial, or gives him an opportunity of justifying himself to her, if not to the world, and who, before he is liberated, is engaged to a jewel king, with a heart as hard and chill as one of his own diamonds.

The prologue shows us Evelyn Ransome and Ernest Wilderson in the dusk of a May day, as he put on her finger a ring he had sold his horse to buy. Later she dressed for him in the gown which she was to wear at a ball the next evening—a white brocade, shimmering, lustrous, soft; a glorious sheath to a lovely form. She had put white lilac blossoms in her hair, and a topaz chain, his gift, about her neck.

"But it calls for diamonds," she said, suddenly. "I can't wear these yellow things with this," and as he bid her good night he thought of a plan to procure for her the jewels she craved.

"They parted. May died that night, and June came in with a mutter of thunder and drench of chill rain, into which the man travelled alone."

When next we meet Evelyn it is at Claxton Hall, engaged to Mr. Harold Begbie.

"Men said that this Harold Begbie knew no human kindness and no mercy; that dreary tales of poverty were merely joys to him, since they gave him the chance of some new jewel, some stone to help in his new chain of sapphires—some quaint old ornament with rare black pearls about it. His keen eyes, peering through their pince-nez, seemed to find hidden flaws and cracks; his cold voice frightened the poor sellers into asking half what they had hoped for, and taking perhaps an eighth. There were human tears crystallised in the collector's pearl ropes; heart's blood in his fiery rubies; chilling, changed hopes in the flame-lit opals."

To Claxton Hall, where the hostess, Lady Elverton, possessed some priceless emeralds, fate brought Ernest Wilderson, now known as Ernest Reeves, and, as ill luck would have it, just at a time when jewel robberies are being committed in the neighbourhood. It plays him a senny trick also in making him catch the thief of Lady Elverton's emeralds red-handed, only to find in him "Jim, the Crackman," whom he had known in the prison hospital, where a strange friendship had sprung up between the two men. Jim who tells him: "Jim could have had his decent public, and lived honest if you hadn't put yer nose in. I was

only on this lay for a last time—strite! There's a girl, and I hadn't a penny."

It was not in Ernest Reeves, known to Jim as "The Duke," to give this old friend up to justice, so he retains the jewels and lets Jim go, but is unable to replace the emeralds before their loss is discovered, and, combined with his former story, they are damning evidence against him.

But when the shadows are blackest they lift, and as we part with Ernest Reeves the future is irradiated for him with new promise. Let us hope it is fulfilled.

P. G. Y.

## WINTER.

"It is not death, but plenitude of peace;  
And the dim cloud that doth the world enfold  
Hath less the characters of dark and cold  
Than warmth and light asleep.  
And correspondent breathing seems to keep  
With the infant harvest, breathing soft below  
Its eider coverlet of snow."

COVENTRY PATMORE.

## COMING EVENTS.

January 14th.—Girls' Missionary Conference (C.E.Z.M.S.), Morley Hall, 26, George Street, Hanover Square, W. Nurses welcome. 11—1, and 2.30—4.30 p.m.

January 21st.—Nurses' Union "At Home," 5, Cambridge Gate, 2.30—7 p.m.

January 25th.—Meeting of the Central Registration Committee, Council Room, British Medical Association Office, 429, Strand, London, W.C., 3.30 p.m. The Right Hon. the Lord Amphil of Wilton will preside.

January 25th.—Matrons' Council of Great Britain and Ireland. Meeting of the Council, 7.30 p.m. Papers and discussion, 8 p.m. 431, Oxford Street, London, W.

January 26th.—Royal Infirmary, Edinburgh. Lecture on "The Blood, its Functions and Alterations," by Dr. G. Lovell Gulland. Extra. Mural Medical Theatre, 4.30 p.m. Nurses are cordially invited.

January 27th.—Meeting of the Certified Midwives' Total Abstinence League, Chapter House, St. Paul's Churchyard, E.C. Lecture by Dr. Kelyack on "Medical and Nursing Aspects of the Alcohol Problem." 3.30 p.m.

January 29th.—Meeting of the Executive Committee of the National Council of Nurses of Great Britain and Ireland. To form committees to further the Resolutions passed at the International Congress of Nurses, 431, Oxford Street, London, W., 4 p.m.

## WORD FOR THE WEEK.

I believe that no one can harm us but ourselves; that sin is misdirected energy; that there is no devil but fear; and that the Universe is planned for good. I believe that work is a blessing, that winter is as necessary as summer, that night is as useful as day, that Death is a manifestation of Life, and just as good, I believe in the Now and Here. I believe in You and I believe in a Power that is in Ourselves that makes for Righteousness.

FRA ELBERTS.

\*By Dorothea Conyers. (Hutchinson and Co., Paternoster Row, E.C.)

## Letters to the Editor.



Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in any way hold ourselves responsible for the opinions expressed by our correspondents.

### OUR GUINEA PRIZE.

To the Editor of the "*British Journal of Nursing*."

DEAR MADAM,—I am in receipt of cheque, £1 ls., Puzzle Prize for December, 1909.

Thanking you very much for the same,

I remain,

Yours faithfully,

H. H. REEVE.

Park Hospital, Lewisham, S.E.

### A STRAW SHOWS THE WAY.

To the Editor of the "*British Journal of Nursing*."

MADAM.—The stupid and interested policy which inspires party government was aptly illustrated last week at a meeting I was addressing. We were discussing the German scare, and one woman got up and asked: "Will the German Emperor make our lazy men sit up? Will he drill them and make them work? If so, let him come!" And a nurse who was present asked, no doubt in semi-seriousness: "Do you think he will give British nurses legal status as he has German nurses? If so, let him come!" A straw shows how the wind blows, and the continued contempt with which both parties in England treat women and their demands is arousing a sense of bitter resentment amongst them which is almost impossible to estimate. I thought these questions might interest your readers.

Yours sincerely,

A TRUE PATRIOT.

### A BROKEN CONTRACT.

To the Editor of the "*British Journal of Nursing*."

MADAM.—I read with interest your note in last week's issue headed "A Broken Contract." What is to be done to inspire women with a knowledge of business and due and honourable regard for a contract? The complaint and action of the Isle of Thanet Guardians have my sincere sympathy, and I hope they will win their case, and thus establish a precedent. Once a nurse has accepted an appointment it is her duty to undertake the work at least on trial. There are many other breaches of contract which nurses commit—they require some discipline in this connection.

A SUPERINTENDENT NURSE.

### THE UNION OF BRITISH MIDWIVES.

To the Editor of the "*British Journal of Nursing*."

DEAR MADAM,—I think a National Union of Midwives is greatly needed. Here in Manchester we find our local Association most beneficial. The linking together of local associations in a national whole

is what is required. The Midwives' Institute has in the past been simply metropolitan, and must remain so in many ways, as we are very busy people, not well paid, and cannot attend meetings beyond our own areas. The question of the most importance to midwives is that of having direct representatives on the Central Midwives' Board, especially as the Chairman is reported to have said, when discussing the granting of further facilities to midwives who failed to apply for enrolment before 1905, "that he was not there to consider the question from the point of view of relief to the midwives—he was sorry for them—but what the Board had to consider was whether the recognition of some midwives who would otherwise be debarred from practising in 1910 would not be a relief to lying-in women."

Surely our governing body has some responsibility towards us, as well as to our patients, otherwise its attitude is unjust and penalising.

Yours,

A MANCHESTER MIDWIFE.

Next week we shall have pleasure in publishing a letter from Lord Inverclyde on the Registration Controversy in Scotland.

## Comments and Replies.

*An Irish Trained Nurse.*—All the larger hospitals in Paris are under the control of the "Assistance Publique." A nursing school and college has been established by this Board in connection with the Salpêtrière Hospital, but we believe all the pupils are of French nationality.

## Notices.

### RULES FOR PRIZE COMPETITIONS.

#### PRACTICAL POINTS.

We offer a Prize of 5s. for the best Practical Point paragraph of from 100 to 200 words, to reach the Editor, at 20 Upper Wimpole Street, London, W., not later than Saturday, January 15th inst.

Paragraphs sent in, other than that to which the prize is awarded, and thought worthy of publication, will be paid for at the usual rates.

#### THE NEATEST NURSE PHOTOGRAPH.

We offer 10s. for a photograph of a nurse in uniform, neatness to be the test of excellence, with permission to publish the same. The photographs must reach the Editor not later than Saturday, January 22nd. Photographs sent which do not win the prize will be returned.

#### AN ARTICLE ON A PRACTICAL NURSING SUBJECT.

We offer £1 10s. for an article dealing with Practical Nursing of from 1,400 to 1,500 words, to reach the Editor not later than Saturday, January 29th. By arrangement with competitors articles other than that to which the Prize is awarded may be selected for publication.

Each competitor must enclose her name and address in full.

### OUR PUZZLE PRIZE.

Rules for competing for the Pictorial Puzzle Prize will be found on Advertisement page xii.

# The Midwife.

## Oligohydramnios.

Cases of oligohydramnios or deficiency of the liquor amnii are comparatively rare. They occur in about 1 in 3,000 pregnancies. The condition, however, especially if at all marked during the early months, is one of very grave import to the fetus, and even the mother will sometimes suffer serious inconvenience and pain from it towards the end of pregnancy.

Normally the functions of the liquor amnii are almost entirely protective. It relieves the fetus from pressure and muscular effort, allows it freedom for growth and development, and protects it from change of temperature.

Any secretion less than the normal amount (1—2 pints) tends to injure the fetus by depriving it of its natural freedom, whilst an extreme deficiency nearly always results in the premature expulsion of a more or less defective ovum; absence of the protecting fluid causing irritation of the uterus, and arresting or misdirecting the growth of the fetus, which dies, and acts as a foreign body in the uterus, so bringing on an abortion.

During the early months of pregnancy the amniotic cavity should become distended by the accumulating fluid, which lifts the amnion from the dorsal surface of the embryo, and pushes it out until it joins the chorion. An insufficient secretion will prevent this distension taking place, and failing to separate the amnion from the newly forming skin of the fetus, may give rise to amniotic adhesions. As pregnancy advances, and the uterus grows, these adhesions become stretched into bands, and may so seriously interfere with the development of the fetus that very grave deformities result. Intra-uterine amputations are sometimes caused by these bands twisting round the limbs and constricting them so that, either they are entirely separated, or their growth is arrested and they atrophy. Cases of dry gangrene from constriction have also been recorded. If the cord should become entangled and compressed the fetus may die of asphyxia, or during labour there may be such traction on the placenta that it will separate prematurely, and the child die of hæmorrhage. Other malformations, such as anencephalus and protrusion of the abdominal viscera occasionally result from the amniotic adhesions, which prevent the proper closing and union of the walls of the body cavities during the early weeks.

If the pregnancy should go on to term the

fetal movements are likely to become quite painful to the mother, and labour will almost certainly be longer and more difficult, owing to the absence of the lubricating and protecting fluid; there will also be greater liability to cervical tears at the end of the first stage of labour, as the os may be rapidly distended by the hard fetal head instead of being gently dilated by the soft bag of membranes.

The causes of this abnormality are somewhat obscure. It is thought by many authorities to be partly due to absent or defective fetal kidneys, and there is no doubt that during the later months a certain proportion of the fluid is derived from the urinary secretions and skin excretion of the fetus. It is, however, generally allowed that the amnion is mainly responsible for the production of the liquor, and it is therefore much more likely that the deficiency is due to some defect in the secreting cells of that membrane.

Another condition very similar to that of oligohydramnios is brought about when the membranes rupture early in pregnancy at some point remote from the os. The liquor drains slowly away, possibly for many weeks, and the pregnancy ends in either a premature or a difficult labour. This condition is known as amniotic hydrops.

An interesting case of oligohydramnios is described by Dr. Leonard C. Blackstone in the *Lancet*. The patient, aged 30 years, was a 5-para, and had a uterus unicornis. She had already had several abnormal labours. The first, a face; the second, a ruptured cornual gestation, when the right cornu and appendages were removed; the third, difficult third stage; the fourth, breech presentation with prolonged third stage and adherent membranes. With the fifth pregnancy she had oligohydramnios. The labour was a quick one, not more than two and a half hours altogether. The patient lost no water either before or after the birth of the child. The child's left leg was swollen and oedematous, and a tough fibrous band was twisted round it three quarters of an inch above the ankle. The skin under the band was found to be divided round the whole circumference of the leg. The child was able to flex and extend the foot and toes, proving the tendons, etc., to be undivided. There were no congenital deformities; the skin was normal, and no renal or cardiac affections could be detected. The child died of marasmus three weeks after birth. The third stage lasted half-an-hour. The placenta



was ragged and torn on the maternal surface, and there were long tough amniotic adhesions attached to it. The greater part of the membranes were retained. Ergot was prescribed, and the membranes were expelled with the lochia on the third day. The lying-in period was normal.

M. F.

## The Nursing and Midwifery Exhibition.

The third annual Nursing and Midwifery Conference and Exhibition, organised by Mr. Ernest Schofield, is to be held this year at the Royal Horticultural Hall, Westminster, from April 27th to 30th inclusive, from noon to nine each day. The Exhibition will be opened on the first day by her Royal Highness Princess Christian of Schleswig Holstein.

The Organising Secretary of the Conference is Miss R. V. Gill, and amongst the questions announced for discussion are *Hospital Nursing*, including fever nursing, private nursing and nursing homes, and registration for nurses, though why these last two subjects should come under the heading of hospital nursing is not apparent. *District Nursing and Midwifery*, including the combination of midwifery and general nursing, blindness in infants, the living wage for midwives in rural districts. The Departmental Committee's Report on the Midwives' Act, direct representation on the Central Midwives' Board, the care of infants, and puerperal fever, Mental Nursing and Brain Diseases, Poor Law Nursing, Army Nursing, and Health Questions are also to be discussed.

## Manchester Midwives.

Mrs. J. E. H. Malcolm, Corresponding Secretary of the National Association of Midwives, 9, Albert Square, Manchester, has forwarded to us for insertion a copy of the subjoined protest and resolution, which has been sent to the Board of Management of the Royal Infirmary, Manchester, and to the Manchester papers:—

"We as members of the National Association of Midwives emphatically protest against the exclusion of lady doctors from the New Infirmary. We, as midwives, know only too well the need for such medicos, and at a meeting of the members of the above Association a resolution was unanimously carried.

"That the Board of Management of the new Infirmary be urged to at once reconsider their decision and admit the lady doctors. We feel the position of these ladies should be one of dignity, not humiliation."

J. E. H. MALCOLM, *Secretary*.

## Midwifery Half a Century Ago.

Dr. Lambe Atthill, ex-Master of the Rotunda Hospital, Dublin, writing his "Recollections of a Long Professional Life" in the *British Medical Journal*, gives an interesting description of the Rotunda Hospital, Dublin, in 1851, when he was appointed assistant to the then Master. He writes:—"There were twelve lying-in wards, each containing ten beds; there were also small wards opening off these, into which cases of serious illness were moved. Each of the large wards in turn became 'the labour ward,' into which the patients were admitted till all the beds were filled. The bedsteads were wooden, all of hard old oak, and, although they were probably a hundred years old, were perfectly sound and good. The bedding was primitive, the mattress consisted of a coarse canvas bag filled with clean straw, over which was laid an under blanket and sheets. The straw was taken out and clean straw put in as each patient was discharged or removed to another ward, which always took place on the eighth day after delivery, but the sack which contained the straw was not washed with any regularity, nor were the blankets; these were, however, well aired, the ward and bedsteads were scrubbed, windows opened, and the ward thoroughly cleaned and ventilated for one or more days before another batch of patients came in.

"The patients were delivered on a small bed termed 'the couch,' and then carried to their beds. The diet was gruel, bread, and tea for the first five days after delivery, then broth was given for dinner; and so it remained till I became Master, when I was enabled to change the diet, and broth was given from the first, and meat on the fourth or fifth day. It must be borne in mind that sixty or seventy years ago no air was admitted into the lying-in chamber in private practice; and there even light was excluded, that nothing but warm drinks were given for several days, and that the patient was always perspiring. In the old authors will be found learned discussions on the treatment of 'miliary fever,' and a description of its peculiar rash, till at last someone discovered that all this was due to the long-continued sweating!

"In the hospital itself no precautions whatever were taken either by pupils or nurses. The number of pupils was unlimited; there were generally about eight or ten internal and a large number of external pupils always on the roll; six or eight, often more, being on duty together for twelve hours. These made vaginal examinations as often as they liked, none thought of washing hands before doing so. There was a table with two basins on it for the use of the pupils, and a tub stood near it on the floor into which the basins were supposed to be, but not always were, emptied after being used, and things so remained till I became Master in 1875, when one of my first acts was to get water laid on to each of the wards with proper lavatory arrangements and the posting up of a notice that pupils 'must wash their hands before making an examination,' and rinse them in a solution of carbolic acid supplied for the purpose—rules I found very difficult to enforce; indeed, they were ridiculed."

# THE BRITISH JOURNAL OF NURSING

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XLIV.

## Editorial.

### TRAINED NURSE INSPECTORS AT THE LOCAL GOVERNMENT BOARD OFFICE.

It is with great pleasure that we record in another column the appointment, by the President of the Local Government Board, of three experienced nurses to act as inspectors under Miss Ina Stausfeld, who at present holds the office of Assistant-General Inspector in the Metropolitan district, and will now act as Chief Woman Inspector.

The duties of the new officers will be the inspection of the maternity wards, nurseries, infirmaries and nursing arrangements in Poor Law institutions, and Mr. John Burns is greatly to be congratulated that he has realised the necessity for the inspection of nursing work and arrangements under the Poor Law by trained nurses holding high professional qualifications, and eminently qualified for this important and highly technical work.

The Local Government Board controls the nursing in Poor Law infirmaries and work-house wards throughout the United Kingdom—Scotland and Ireland having their own special Boards. While in some of these it is well organised and highly efficient; in others very much is left to be desired, and inspection and report by trained inspectors, possessing the knowledge that comes from experience both in practical work and supervision, cannot fail to have a most beneficial effect in co-ordinating standards, in bringing to light deficiencies, and in informing the Department of the weak points in the nursing organisation of the institutions under its control.

The creation of a Nursing Department at the War Office under the supervision of a Matron-in-Chief, has resulted in the immeasurably increased efficiency of military nursing, and is a useful object-lesson to other Government Departments dealing with

nursing. As no Government office could maintain its efficiency for a day without its responsible official head, so the highly technical branch of nursing, now included in the manifold activities of many such offices, also demands its own executive officer if efficiency is to be maintained and progress made. We hope that the new appointments at the Local Government Board are the first step towards the creation of such a department. It is at least most hopeful that the President has shown that he realizes the value of the assistance of experienced nurses in the supervision of the nursing arrangements in Poor Law institutions.

Another duty which will devolve upon the newly appointed inspectors is the supervision of the work of the new boarding-out committees and the children under their care, now being created under the Local Government Board Order recently issued with regard to the pauper children boarded out within the limits of the union to which they are chargeable. So far, although children boarded out by committees beyond the limits of the union have been subject to inspection by women inspectors appointed by the Board, it has been optional with Guardians whether they should enter into arrangements with a boarding-out committee for the purpose of finding and superintending homes for such children within the limits of the union. Under the new Order the Guardians are required to enter into such arrangements. The Local Government Board will keep in touch with this work through its women inspectors, both the boarding-out inspectors at present at work and the nurse-inspectors just appointed.

It seems as if the Local Government Board is on the eve of developments which will add greatly to the efficiency, and therefore the prestige, of Poor Law nursing.

### Medical Matters.

#### TYPHOID BACILLI IN THE GALL-BLADDER.

The great importance of the gall-bladder as a storehouse for germs of the typhoid group is pointed out, says the Buda Pest correspondent of the *Lancet*, by Dr. M. Gross in the *Orvosok Lapja* of December 23rd, 1909. He says that many individuals who have come into contact with patients suffering from typhoid fever, but are not themselves ill, harbour virulent typhoid germs in their system, and are thus a menace to their surroundings. He found the bile altered in all cases of typhoid fever that came to necropsy, and typhoid bacilli were present even where the lower portions of the intestinal tract were free. It is reasonable to suppose that in many cases of typhoid fever the bacilli in the faeces are really derived from the gall-bladder. In the blood of rabbits (as was first observed by Forster in Germany) the typhoid bacilli could be found in the bile, at a time when they had already disappeared from the blood and urine. They were also found in the upper duodenum, but not in the lower intestines. Even where the bile was sterile cultures could be obtained if pieces of the wall of the gall-bladder were incubated in an appropriate medium. The paratyphoid germs behaved in every way similar to the typhoid germs. The bacilli sometimes persisted very long after the termination of the disease. In one case the gall-bladder even continued to be infected for 20 years. There was very little that could be done under such circumstances, since neither the bile nor the intestinal contents admitted of sterilisation during life. The best course was to make repeated bacteriological examinations of the faeces in suspicious cases and to operate whenever a catarrh or the formation of a calculus seemed to be probable.

#### PASTEURIZED MILK

Dr. E. Mather Sill writing in the *New York Medical Journal* in favour of the use of raw as opposed to Pasteurized milk, says:—Pasteurization is not getting at the root of the milk evil, and heating dirty milk that is full of bacteria will never make strong or healthy children. What we want is regulation to enforce a pure milk supply. It is unnecessary to Pasteurize milk to destroy disease germs when a pure milk supply is provided for, and this can be practically done by having the herd frequently subjected to the tuberculin test to exclude tuberculous cows, and by having an adequate number of inspectors and skilled veterinary surgeons to keep the milk supply under close observation.

### Hypnotism as a Cure for Dipso=mania.

It may interest your readers to hear of a case of dipsomania treated by hypnotism, when other "cures" had been tried unsuccessfully. The patient (a lady) was a true dipsomaniac (not an habitual drunkard), but having at varying intervals terrible bouts of drinking, and this had been going on for two or three years when I went to her. Though in between these bouts she would be a teetotaller, and had sometimes been so for several months at a time, when suddenly the craving for drink came on, she would drink either brandy or whiskey or any spirit she could get hold of, becoming for the time being absolutely the slave of drink with all the accompanying moral and physical degradation. As a rule, her doctor advised stout after these bouts, as she would have something, all stimulant could not be left off suddenly, and stout was less harmful than spirit; but she would drink as much as 13 pints in the 24 hours at first. Various "cures" had been tried without success, also "Christian Science," and she had become hopeless about a cure, though she genuinely wished to be cured when not drinking. Her family history was bad, but she was a clever, cultivated woman; she had three children, and the best of husbands. When I went to her she was just getting over a bout of drinking, though still incapacitated by it, and her husband and maid were worn out. This time she had drunk a pint of sal volatile in 24 hours! It was a wonder she was alive. She was then on stout, and craving for it about every half hour, and in a deplorable condition. Her doctor advised trying hypnotism, and, though her husband was not altogether in favour of it, he felt other cures had been useless, and was willing it should be tried, and the patient was willing also. Her own doctor could give it, as so many can now, but he advised her going to one who has given up his general practice and has made hypnotism his speciality for the cure of drink, drugs, stammering, etc., etc., and who is, I believe, one of the leading authorities on hypnotism amongst medical men. Accordingly he was sent for and saw the patient twice in bed, and the second time he partially hypnotised her, but wished her after that (as she was well enough), to go to his house, which we did, and we went in all about five times. I think. He rather wished she should have had a longer treatment, but it had been arranged the family should go to the sea when the children came home for the holidays, and this was not altered, but I went down with her for the first

fortnight, as neither her husband nor maid could go at first.

The method the doctor employed at each visit was to put the patient to sleep and then suggest that she would have no more craving for drink, and he said practically the same words at each visit, and also suggested that various bodily functions should be regular: she was generally asleep for about ten minutes to a quarter of an hour, when he woke her. Of course I felt when I left her it was early days to say if it had been successful or not, but at the end of nine months I saw her again, and she was quite well then, and had had no attack and had never seen the doctor again, and she looked a different woman and seemed happy and busy; and now, after more than two years, she is the same, in spite of having had a good bit of trouble. Self-respect and will-power seem to have come back, and a home that seemed ruined is restored. Surely, this is a plea for hypnotism in certain cases? I think all must feel that where the patient can practice auto-suggestion it is the best, and the higher way of overcoming a temptation, and, if this cannot be done, suggestion from outside without hypnotism may be tried, but there are some cases in which the conscious mind has so got the upper hand, so to speak, and is so hopeless of cure, that the subconscious mind seems dominated, and it is necessary to put the conscious mind to sleep in order that suggestions of hope and will-power can be made to the subconscious mind, and these suggestions seem to be lasting in their effect.

I think great caution should be used in recommending any one to try hypnotism, and, as I have said, other means should first be tried, but, failing these, and the patient truly wishing to be cured and giving full consent, it seems to me that it is a justifiable method. The important part is that the hypnotist must be a thoroughly good man, working for the good of humanity, and he should be a qualified medical practitioner. There may, of course, be certain cases which are a danger to the community, and it may be allowable to hypnotise these without their consent, but I think the majority in their sane moments wish to be cured of their evil propensities.

"EILRAH."

Discussing the possibility of the establishment of a State Medical Service, at a meeting of the Society of Medical Officers of Health. Mrs. Sidney Webb said there was, at present, much wastefulness and duplication of work, as the Poor Law Authority and the Public Health Authority, both provided within the same area medical attendance, nursing, medicine, and institutional treatment for the sick poor.

## How I Became Matron of St. Bartholomew's Hospital.

A TELEPATHIC TALE.

By ETHEL GORDON FENWICK.

(Continued from page 49.)

People who know not Whitechapel speak of it as a place of outer darkness, where the inhabitants differ from other human beings in that misery is their inevitable lot. Whitechapel in my day—and doubtless also at the present time—contained its average of happiness, and much more goodness, than many more immaculate districts. Surely we had a fine expanse of sky in Whitechapel, and real sea breezes from off the river, and what more enjoyable in hours off duty than to tinkle to Stratford and back on the top of a tram—saving tired feet, and cleaning out our lungs.

It was on top of a homely tram that Sister Rachel and I took counsel together and made plans for the momentous interview. We agreed that appearances must be respected, first impressions are so very important, and few Sisters were outdoor uniform in those days. A "Redfern" ulster and toque were both voted quite out of the question, and as wardrobes were limited, my long sealskin coat—a dignified if somewhat overpowering garment, and the "Tofield" bonnet were decided upon. We hesitated about that bonnet, because we considered that upon a certain occasion when it was anticipated that it would play an all conquering part it had not behaved quite nicely—it had failed.

It was in this way. Some months previously I had applied for the post of Matron to a small hospital near London. I called personally upon the electors, and was warmly encouraged by many. The proverbial objector was there, and he said quite rudely, "Go away, and paint some wrinkles on your face."

I took the hint.

I went away, and ordered from a celebrated Bond Street modiste, Mme. Tofield by name, one of her irresistible "middle aged" bonnets—a contention described by her as "cosily coquettish." It was made of fine black lace with tiny silk bobs, trembling on the surface, worn tied over the ears with lacey strings it encircled the face in a modish manner. For some abstruse reason which I have never fathomed, it was considered eminently "bold," not to say brazen in those days for ladies of a certain age to expose the ears!

Alas! this innocent artifice availed me nothing. I did not get that post, and naturally I blamed the bonnet. When I reached home I removed it with resentment, and sat upon it.



and it was entirely owing to a keen sense of justice upon the part of my night nurse that it was restored to its cosy contour and laid by in tissue paper for a future occasion.

Having decided to give this matronly bit of millinery another chance of furthering my fortunes, I that night slept the sleep of the just.

By eight o'clock next morning, dressed as no self-respecting great-grandmother would appear to-day, I set forth to conquer fate.

It was a sweet day. Spring was upon us. The spacious, airy Whitechapel Road appeared to me a delightful promenade. The busy people with their kind faces and poor clothes were all friends. These were the people who filled our wards, and taught us nurses lovely lessons every day of patience and gratitude. Long suffering, noble people, they all seemed to smile on me—as I on them.

But time was precious. Soon the right bus came along, and in half-an-hour I was in Smithfield, had passed through Henry VIII.'s Gateway at Bart's, and mounted the steps of the Treasurer's House.

I hesitated to ring the bell, and when mechanically I had done so, I yet hoped for a reprieve.

But no. Sir Sydney Waterlow was within, and without further ado I was ushered into a little room on the right of the hall, where the arbiter of my fate was seated writing at his desk.

He glanced at my card, and then at the clock (it was ten to nine), and said brusquely, waiving me to a chair. "I'm due at a meeting at the Cannon Street Hotel at nine."

I sat down.

"I hear that your Matron has resigned," I began.

"Yes, she has," he interrupted, "but we are not going to look for another for some weeks to come."

I nipped into the conversation again.

"I came to ask you one question. Will my age be an insuperable obstacle to my applying for the post. I am twenty-four."

Sir Sydney turned in his chair, and looked keenly at me; then he said slowly:

"I do not say that it will be an insuperable difficulty, but I do say it will take a very great deal of getting over."

Crossing to the desk, I handed him an envelope containing my testimonials.

"I must not detain you another minute," said I. "May I leave you my testimonials? You will hear from me again."

At this Sir Sydney smiled, and it was a very charming smile. He rose, we shook

hands, and in half a minute I was out in the Square.

The clock told five to nine.

Let us hope Sir Sydney was not late for his meeting.

When I reached my ward I put my little bonnet tenderly away in its tissue paper. It was forgiven. It might be required on another occasion.

It was.

(To be continued.)

## Private Nursing in Germany.\*

By FRAULEIN ELLEN SCHÖPWINKEL.

In Germany the religious institutions have, for a great period, done private nursing. The less, however, the number of their nurses sufficed for their various tasks, the more they were obliged to give up that branch of nursing.

This, to be sure, was done very reluctantly as the income from private nursing was a very welcome help to their charitable endeavours, for which there has never been enough money in any part of the world.

In the private nursing in capitals, and in private hospitals, the first sisters who separated from the mother houses, found a materially satisfactory activity, which enabled them to fulfill their family duties, often enough the latter had been the reason of leaving their mother house, or which made it possible for them to provide for their future.

The need of private nursing has enormously increased during the last few decades; unfortunately, however, the quality of the plentiful supply of sisters for the same, does not, by any means, meet just requirements. Twenty years ago it was the mother houses' point of view that a probationer, who was just beginning to have comprehension of the doctor's aims, would be more suitable to carry out his instructions in a private house than the patient's relations, who, in face of severe illness, are often so alarmed as to be at their wit's end.

As long as mother houses did private nursing as a duty to help in any case of necessity, nothing could be said against this standpoint, and very likely many a young probationer did less harm and made fewer mistakes than inexperienced relations would have done; and if she was a born nurse and had been trained in a good school, perhaps she was even of great use.

But now private nursing has become an independent branch of our profession, and one of the best paid, since the people of large towns

\*Read at the International Congress of Nurses, London, July, 1909.

are accustomed to pay for nursing at the rate of 5 to 6 marks and more a day, it ought to be required of the private nurse, that she should be fully capable of the duties undertaken by her. She ought to possess adaptability to a high degree, because she must continually manage to get on with the most different people and conditions.

Great knowledge of human nature and perfect tact must make it possible for her, always to do and say the right thing. All branches of sick nursing must be well known to her, for from one day to the other she can never know what sort of case she may be called upon to nurse.

As a rule, up till now, a sister's choice of private nursing depended on her great desire for liberty or on the necessity of procuring means to support her relations, *not* on her own gift for it, and on the knowledge necessary for such work.

In the capitals, women, who are often not even nurses themselves, have opened so-called homes, which they fill with sisters by dint of advertising. They pay them a low salary which is indeed generally a little higher than what the religious or secular mother houses give, but not high enough to attract good nurses. To be sure, they frequently offer their sisters to the public at lower prices.

These have drawn a class of nurses into the private nursing professional ranks of the worst and lowest kind, who disgrace the nurse's dress and make it an object of derision—nay, have made it a cloak for vice.

Face to face with this, we must seriously demand that doctors and the public take sides with us, and in future help to ensure that employment in private houses is given only to suitable and really careful trained nurses.

At times when illness is very prevalent unfortunately there will not be a sufficient number of such nurses. But when State Registration has been in force for some time, and creates a better foundation, especially when its plan of instruction is extended to three years, we may hope to find throughout a higher degree of excellence in private nursing.

For the sake of independent work in private and parish nursing, we cannot desire too earnestly that the possibility of undertaking such independent work after one year, or after a one-sided training, may soon altogether cease.

It is also greatly to be desired and striven after that a special preparation should be made possible for these branches of work, that the younger sisters may be taught by experienced members of their profession. There is a great need, too, of courses of invalid cookery. Such courses are planned in the Lette

House for sisters for next winter, one of our large educational institutions for women's professions. Every hospital, however, ought to have them as part of the nursing curriculum.

The residential conditions of private nurses are exceedingly different. Besides the already mentioned exploiting institutions, there are large and smaller homes, which, under experienced professional management, collect a number of carefully selected, able Sisters. For rent, telephone, printing expenses, and so on fixed sums are asked—between 20 and 30 marks a month; for board 1.25-1.75 marks a day. The well-managed homes discard unsuitable elements, are a protection to the public and the Sisters, and a great relief to the doctors. According to the same model, there are, of course, a great number of unsatisfactory homes, under the management of unsuitable individuals, who are unable to collect a good class of Sisters, nor can they give them or preserve for them the good connections they need. The tone in such houses may be imagined. In a lesser degree, large and small partnership arrangements are being developed, in which the common expenses are borne by all in equal part; the success of such arrangements depends on one Sister's undertaking the management as honorary work, in order to maintain outward dignity and inward order.

This kind of arrangement will probably show itself to be the most rational, because of the democratic tendency of our times and the growing independence of nurses.

A small number of private nurses are fortunate enough to be able to live with relations or friends: their only care is how to secure a good and easily attainable telephone connection, in case circumstances prevent their having one of their own.

A few nurses, who do not care to live in company with many others, dwell in furnished rooms. This is, however, only advisable when possessing a large connection or suitable arrangements for the assignment of patients.

### The £100 Registration Fund.

	£	s.	d.
Carried forward ... ..	21	8	0
Miss Mary Dawson ... ..		10	0
Miss S. Cartwright ... ..		10	0
Miss L. Warrener ... ..		10	0
Miss E. Warrener ... ..		5	0
Miss F. Hoddinott ... ..		5	0
Miss E. L. C. Eden ... ..		5	0
	£23	13	0
Leaving £76 7s. to collect.			

## Practical Points Prize.

We have much pleasure in stating that our Prize of Five Shillings for the best Practical Point paragraph has been won by Mrs. Alice West, Mount Cottage, Rosary Road, Norwich, for the following paragraph on the feeding of helpless patients.

### THE FEEDING OF HELPLESS PATIENTS.

A great help in feeding a sick person with milk, water, or any fluid, is a slender glass tube, bent at one end. The short bend rests on the edge of a glass or cup, and is placed between the lips. The long part goes down into the water. The patient can so suck up small drinks very easily, and comfortably, without being raised up, or any change of position in bed. There is no risk of spilling, or choking, which might happen when feeders are used. The tube should be kept laid in water between use. When feeders are used, one made of glass will be found a great improvement on the ordinary kind. Their cleanliness can be made positive, as every part is clear to the eye, and when in use the flow of fluid through the spout can be seen, and regulated to a nicety in consequence, which is a great comfort to a helpless patient who has difficulty in swallowing. A tiny, soft, round sponge on a little holder is a nice way of giving a very weak patient a sip of water, to keep the mouth fresh and cool. Always use a feeding cloth, and insist on others doing the same in the nurse's absence, it saves much discomfort to the patient, a fact which few people seem to realise.

Alice West.

We also commend the following paragraphs:—"Treatment of a Case after Chloroform has been given," Miss V. James; "The Care of the Dead," Miss M. Green; "The Dressing of the Umbilical Cord," Miss Evans, and "Leeches," by Miss E. Molson.

At the same time we wish we could commend very many more of these Practical Points Paragraphs. Several of the paragraphs sent in are not Practical Points at all. It is a curious fact that nurses seem more reluctant to write on the practical side of their work than on any other, and yet here they have a field exclusively their own.

### THE NEATEST NURSE PHOTOGRAPH.

We desire to remind our readers that Saturday, January 22nd, is the latest date for photographs for the above competition to reach the Editor. The Prize for the winning photograph will be 10s., and, as every nurse should aspire to immaculate neatness we hope that many photographs will reach us on that date.

## Lord Inverclyde on State Registration.

In the autumn a Statement issued in pamphlet form by the Association for the Promotion of the Registration of Nurses in Scotland was widely circulated, and we were asked to criticise it, as it was considered that it did not deal accurately with the Bill promoted by the Society for the State Registration of Nurses as passed by the House of Lords. This we did.

At a meeting of the Society, held on Nov. 26 last, a Resolution pointing out objections was passed unanimously, and Mrs. Bedford Fenwick, the Hon. Secretary, was directed to forward a copy to Lord Inverclyde, the President of the Scottish Association, together with the criticism of the Statement on Registration issued by his Association. This was done on December 1st, a reply, dated 17th December, was received from Lord Inverclyde, and was filed for report to the next meeting of the Executive Committee.

The following correspondence has subsequently passed between Mrs. Fenwick in her official capacity as Hon. Secretary, and Lord Inverclyde, and at his request, and with the consent of Miss Isla Stewart, President of the Society for State Registration, we have pleasure in publishing it.

Castle Wemyss,  
Wemyss Bay, N.B.  
10th January, 1910.

DEAR MADAM,—I wrote to you on 17th December, in reply to your letter to me of the 1st December, and as I have received no acknowledgment from you I will be glad to know if you duly received my letter. In order that there should be no misapprehension in the matter I would have thought you would have published my letter—if you have received it—in the *BRITISH JOURNAL OF NURSING*, and I shall be glad if you will do so.

I am,  
Your obedient servant,  
INVERCLYDE.

Mrs. Bedford Fenwick,  
Hon. Secretary,  
The Society for the State Registration  
of Trained Nurses,  
20, Upper Wimpole Street, London, W.

The Society for the State Registration of  
Trained Nurses,  
431, Oxford Street, London, W.,  
January 11th, 1910.

My Lord,—I beg to acknowledge your letter of the 10th inst., and to draw your attention to the fact that my former letter to you was written in my official capacity of Hon. Secretary of the Society for the State Registration of Trained Nurses, and that your Lordship's reply was addressed to me as

such. You will therefore agree that I had no right to publish it. In compliance with your wishes your letter of December 17th will appear in the *BRITISH JOURNAL OF NURSING* next week.

I am, my Lord,

Your obedient servant,

ETHEL G. FENWICK.

Hon. Secretary.

To the Right Hon.

The Lord Inverclyde.

Castle Wemyss,

Wemyss Bay, N.B.,

12th January, 1910.

DEAR MADAM,—I am in receipt of your letter of 11th inst.

I cannot follow your reasoning, more particularly as the resolution which you were directed to forward to me was published in the *BRITISH JOURNAL OF NURSING*, and you therefore made it public without making my reply public.

I will be glad if you will also publish my letter to you of the 10th January, your letter to me of 11th January, and this letter, along with my letter to you of 17th December, in order that the correspondence may be complete.

I am,

Your obedient servant,

INVERCLYDE.

Mrs. Bedford Fenwick,

Hon. Secretary,

The Society for the State Registration  
of Trained Nurses.

The Society for the State Registration of  
Trained Nurses,

431, Oxford Street, London, W.

January 14th, 1910.

MY LORD,—I beg to acknowledge your letter of 12th January, and regret that you do not follow the reasoning of my previous letter. It is simple.

Letters addressed to me in my capacity of Hon. Secretary of the Society for the State Registration of Trained Nurses are, of course, not dealt with as if addressed to the Editor of the *BRITISH JOURNAL OF NURSING*.

Had your Lordship's reply to a communication from my Executive Committee stated that you wished your letter published in the *BRITISH JOURNAL OF NURSING*, with the consent of the President, it would doubtless have appeared, but your letter contained no such request, and I need not emphasise that the ethics of honourable journalism prohibit the publication of private communications. It is superfluous to add that any communication sent by your Lordship for publication, addressed to the Editor of the *BRITISH JOURNAL OF NURSING* will, space permitting, be at once inserted.

I am, my Lord,

Your obedient servant,

ETHEL G. FENWICK,

Hon. Secretary.

To the Right Hon.

The Lord Inverclyde.

[Reply from Lord Inverclyde, to which he refers in letter of 10th January.]

Castle Wemyss,

Wemyss Bay, N.B.

17th December, 1909.

DEAR MADAM,—I duly received your letter of 1st inst., and I regret that pressure of business has prevented my attending to it and replying sooner.

I need hardly say that I have no desire that there should be any inaccurate or misleading statement put forward by the Association for the Promotion of the Registration of Nurses in Scotland, and I have carefully noted the paragraphs to which your Committee take exception to, and I am afraid there must be some misapprehension on the part of the writer of the article in the *BRITISH JOURNAL OF NURSING*, which you are good enough to send to me.

In the article the following appears:—

"The unwarrantable statement has been made on page 20 of the Scottish Committee's pamphlet, that in Lord Amphil's Bill the Registration Council *only* represents the Nurses."

If you refer to page 20 of the statement issued by the Scottish Association you will find the following:—

"The Registration Council represents the nurses. It is difficult to discover the principle on which the other representation is based," etc., etc.

It is not stated by the Scottish Association that the representation on the Council in Lord Amphil's Bill is limited to nurses, and you will observe that there is no mention of *only* representing the nurses.

The following also appears in the article:—

"It is further stated in the pamphlet that the Select Committee proposed in its Report 'that no applicant for registration should be subjected to examination other than that of the training school.' We challenge the Committee to find any such recommendation in the Select Committee's Report."

If you refer to the Report of the Select Committee appointed to consider the expediency of providing for the registration of Nurses, which Committee was appointed in June, 1904, and re-appointed the following year, you will find the undernoted paragraph:—

"Your Committee recommend that the Central Body should admit to the Register of Nurses such nurses as have had a training at a recognised training school for nurses for a period to be determined by such body, and have satisfied their training school, whose certificate they must hold, stating that they are equipped with the knowledge and experience requisite for nursing, and that they are of good character."

I enclose for your perusal a copy of the statement issued by the Association for the Promotion of the Registration of Nurses in Scotland, and it you refer to pages 25 and 26 you will see that at the last Conference, held in London, the delegates from Scotland were willing to concede the matter of a one-portal examination, provided that the several parts of the United Kingdom were adequately represented, and that the principle of administrative decentralisation were not excluded.



They were distinctly of opinion that without a Scottish Registration Committee, composed in the manner indicated in the Scottish Bill, Registration in Scotland would be futile, if not positively mischievous; and they regard two guineas as the maximum fee permissible for Registration.

I desire to point out that the Association of which I am President has no quarrel with any other Nurses' Association, and in our past endeavours have tried solely to secure the best conditions for nurses and for Registration.

I am,

Your obedient servant,

INVERCLYDE.

Mrs. Bedford Fenwick,

Hon. Secretary,

The Society for the State Registration

of Trained Nurses,

20, Wimpole Street, London, W.

We regret that we are unable to follow Lord Inverclyde's reasoning as to our criticism. We quote below Section II, clause 1, of the statement to which he refers:—

No. 1.—*II. The differences between the Scottish and the English Registration Bill.*

LORD AMPHILL'S

BILL.

SCOTTISH BILL.

1. Registration Council represents—

1. The Nurses.
2. The Training Schools.
3. The Medical Profession.
4. The Universities.
5. The Government Departments.

1. Registration Council represents the nurses. It is difficult to discover the principle on which the other representation is based. On the Registration Council Scotland would be represented by one doctor and by one nurse after the first five years.

Here it is distinctly stated that the Registration Council represents the nurses, after which statement there is a full stop. Why is it difficult to discover what is printed in Lord Amphil's Bill? It is plainly published that the Matrons and Nurses in England, Scotland, and Ireland shall be represented by 7 persons, the medical profession in England, Scotland, and Ireland by 6 persons, and the public by 3 persons appointed by the Privy Council. In reference to the last paragraph of this most ambiguous clause, medical representation in Scotland, is provided for in the constitution of the Registration Council, and nowhere is it stated that "after the first five years" Scotland would be represented by one doctor and by one nurse. The Bill clearly states that the persons appointed on the first Council "shall hold office until the Lord President certifies that the task of forming a register of persons

entitled to be registered . . . is sufficiently advanced to admit of an election of direct representatives of registered nurses." No term of office of any sort is specified in this clause.

No. 2.—We still challenge Lord Inverclyde's Committee to find any such restrictive recommendation in the Report of the Select Committee on Registration "that no applicant for registration should be subjected to examination other than that of the training school."

The Select Committee recommended that nurses should be admitted to the Register after a period of training prescribed by the Central Body, after examination and certification by the training school. It did not prohibit an applicant for registration being subjected to examination other than that held by the training school, so unjustifiably stated in the Scottish Statement. It is this devious and inaccurate ambiguity which inspires the whole Pamphlet to which we take the strongest exception. We pointed out in our criticism, and we repeat the statement—that its teaching is calculated—let us hope unintentionally—to mislead rather than correctly inform Scottish Nurses on the Registration question.

## Central Registration Committee.

Lord Inverclyde's Association will be represented at the Conference on the 25th by the following delegates:—Lord Inverclyde, President; Dr. Ker, Medical Superintendent, City Fever Hospital, Edinburgh; Dr. Mackintosh, Medical Superintendent, Western Infirmary, Glasgow; Miss Gill, R.R.C., Lady Superintendent, Royal Infirmary, Edinburgh; and Miss Cowper, General Superintendent, Queen Victoria's Jubilee Institute for Nurses, Scottish Branch.

Lord Amphil, the Convener of the Conference, has issued an Agenda, with a list of the Societies who have nominated delegates to take part in it.

The British Medical Association.

The Matrons' Council of Great Britain and Ireland.

The Society for the State Registration of Trained Nurses.

The Royal British Nurses' Association.

The Fever Nurses' Association.

The Irish Nurses' Association.

The Scottish Nurses' Association, and

The Association for the Promotion of the Registration of Nurses in Scotland.

Let us hope that a thoroughly reasonable spirit will prevail, and that a Bill will ultimately be drafted to which all registrationists in the United Kingdom can subscribe.

## The Irish Nurses' Association.

At a meeting of the Executive Committee of the Association held in Dublin on the 8th inst., when important business was transacted, Miss M. Huxley was elected a delegate to attend the meeting of the Central Registration Committee in London on the 25th in place of Miss Sutton, who was unable to attend.

It was agreed to extend the influence of the Association by an appeal to all Irish nurses to join it, so that a United Irish League might result, which could effectually guard Irish nursing interests.

### TO IRISH NURSES.

The Irish Nurses' Association,  
86, Lower Leeson Street, Dublin.

We, the Executive Committee of the Irish Nurses' Association, desire to draw your attention to the following resolution passed at a meeting held on December 4th, 1909:—

Resolved—"That this meeting of the Irish Nurses' Association deems it advisable that in future the amount of the annual subscription to the Association shall be 2s. 6d. for nurses and 1s. for probationers and country members."

Your Committee have lowered the amount of the annual subscription in order that every nurse and probationer in Ireland may join the Association, thereby making it a United Nurses' League of management and self-defence.

During the past three years Irish nurses have had to fight for recognition upon equal terms with their English and Scottish sisters; this fact alone convinces us of the imperative necessity for continued co-operation and organised guarding of Irish nursing interests.

In consideration of future developments, you are asked to fill and return the enclosed form, with your name, address, and the necessary stamps for your subscription, to the Secretary, 86, Lower Leeson Street, Dublin, when the name of each new member will appear in the *BRITISH JOURNAL OF NURSING* (price 1d.), which may be obtained from the Secretary at above address.

We are,

Yours faithfully,

- L. BRADBURN, *Matron*, Meath Hospital, Dublin.  
A. S. BUTLER, *Matron*, Sir Patrick Dun's Hospital, Dublin.  
F. E. CUNNINGHAM, *Matron*, Convalescent Home, Stillorgan.  
H. Egan.  
M. HAMPSON.  
M. HANNAN, *Matron*, Mater Infirmorum, Belfast.  
E. HANNA, *Matron*, Mercer's Hospital, Dublin.  
J. E. HUGHES, *Matron*, Portrane Asylum.  
M. HUXLEY, *Matron*, Elpis Private Hospital, Dublin.  
E. M. JOY, *Matron*, Coombe Hospital, Dublin.

B. M. KELLY, *Matron*, Steevens' Hospital, Dublin.

I. C. KEOGH, *Matron*, Richmond Hospital, Dublin.

M. LAMONT, *President*, and *Superintendent-General*, Ireland, District Nurses.

F. MANNING, *Superintendent*, Elpis Private Hospital, Dublin.

M. McNEILL, *Health Inspector*.

A. M. MacDONNELL, R.R.C., *Vice-President*.

C. POWELL.

F. PHELAN, South Dublin Union.

L. RAMSDEN, *Matron*, Rotunda Hospital, Dublin.

H. REEVES, *Matron*, Royal Victoria Eye and Ear Hospital, Dublin.

H. E. REED, Rest Cure Home, Lansdowne Road, Dublin.

A. C. RAE, *Hon. Secretary*, Irish Matrons' Association.

E. SUTTON, *Matron*, St. Vincent's Hospital, Dublin.

H. SHUTER, *Matron*, Rest Cure Home, Lansdowne Road, Dublin.

J. KILDARE TREACY, *Matron*, City of Dublin Nursing Institute, *Hon. Sec. Executive Committee*, I.N.A.

D. WEST, North Dublin Union.

F. CHADWICK, *Sister*, Rotunda Hospital.

J. CAHILL, *Sister*, Mercer's Hospital.

L. JARDINE, *Sister*, Richmond Hospital.

F. E. KERR, *Sister*, Sir Patrick Dun's Hospital.

V. ROBERTS.

A. THOMAS, *Queen's Nurse*, St. Patrick's Home, Dublin.

G. THORSTON, *Sister*, Elpis Private Hospital, Dublin.

### NEW MEMBERS.

From City of Dublin Nursing Institute:—Nurses

A. Feenan, J. M. Greene, E. Henley, K. Callinan, D. Stephenson, M. Toney, A. O'Connor, J. McLean, L. Lyons, K. Maxwell, E. Sergeant, P. Derry, M. B. Crawley, C. Simpson, H. Callery, N. T. Harvey, E. Bergin, F. Walshe, K. Growney, M. E. Doran, A. Turtle, M. Kelly, J. Mangan, M. F. C. Gaynor, F. Fanning, M. Boyle, M. Walshe, G. Phenix, N. Quinn, K. Bolger. Nurse A. White.

Probationers Murray, Monaghan, L. Ward, Larnon, Beggan, Sharkey, Ballesty, Harle, Bradley, Keeley, Keys, Mulvany, O'Sullivan, McDonald, Gervine, McGuinnis.

From St. Vincent's Hospital, Dublin:—Nurses

M. Houlihan, L. Lee, E. Fitzmahony, P. H. Walsh, M. le Gaynor, L. Mernagh, A. Ryan, A. Broderick, E. M. MacLeahan, M. MacDermott, A. Halbert, F. Macnamara, J. Kelsey, K. Moore, A. Dunne, H. Kelly, C. Ryan, A. O'Shaughnessy, D. Fogarty, M. O. Reilly, Banesty, Gallagher, M. McLean, Bacon, H. Ryan, T. Gallagher, H. O'Leary, M. O'Connor, A. Roche, M. Broderick, K. McKeogh, McGann.

## Important New Appointments by the Local Government Board.

The President of the Local Government Board has appointed three women Inspectors to serve under the Board, who will work under Miss Ina Stansfeld, now an Assistant General Inspector in the Metropolitan District, who will in future act as Chief Woman Inspector. Miss Stansfeld's promotion gives great satisfaction to Poor-Law Matrons, who appreciate the good work she has done.

We congratulate the President of the Local Government Board on his selection of the new officers, who have exceptional qualifications. They are:—

Mrs. Lancelot Andrews, who holds the certificate of St. Bartholomew's Hospital, and was Gold Medallist of her year. She at present acts as Secretary to the League of St. Bartholomew's Hospital Nurses. Mrs. Andrews has had experience in the supervision of boarded-out children as Lady Inspector of children boarded out by the National Refuge Association in Shaftesbury Avenue. She is a member of the Matrons' Council of Great Britain and Ireland.

Miss Margaret Lea, who holds the certificate of the London Hospital, and was afterwards appointed Queen's Nurse. She has held the positions of Assistant County Superintendent for Somerset, and of Assistant Superintendent to the General Superintendent for two years, and of Assistant Inspector in Wales, and is now located at Sheffield as Inspector in the Central Counties District. She is a certified midwife.

Miss Helen Todd, who holds the certificate of St. Bartholomew's Hospital, was for eight years Matron of the Royal National Sanatorium for Consumption, Bournemouth, and is at present Matron of the Wandsworth Infirmary. She is a certified midwife, and a member of the Matrons' Council of Great Britain and Ireland. We believe that Miss Todd enjoys the distinction of being the first woman who has ever been offered a post by any Government Department. While congratulating her on her new appointment, we cannot but regret that her services are lost as the Superintendent of a Nurse Training School, for which she has shown special aptitude, and her grasp of educational problems is quite exceptional.

### TERRITORIAL FORCE NURSING SERVICE.

Miss Sidney J. Browne, R.R.C., has been appointed Matron-in-Chief of the above Service. Miss Browne has been engaged in nursing work since 1879, and entered the Army Nursing Service as Sister in 1883, and has seen active service in Egypt and South Africa. On the formation of Queen Alexandra's Imperial Military Nursing Service she became, in 1902, its first Matron-in-Chief, a position she resigned in 1906. She is a member of the Matrons' Council of Great Britain and Ireland.

## Appointments.

### MATRONS.

**County Hospital, Hertford.**—Miss E. M. Studdert has been appointed Matron. She was trained at Guy's Hospital, and has had six months' experience of fever nursing under the Metropolitan Asylums' Board. She has also held the positions of Sister of Martha Ward, Night Sister, and Hospital Housekeeper at Guy's Hospital, and is a certificated masseuse, holding the certificate of the Incorporated Society of Trained Masseuses.

**Infectious Diseases Hospital, Yarnfield, near Stoke-on-Trent.**—Miss E. M. Reynolds has been appointed Matron and Superintendent Nurse. She was trained at the Mill Road Infirmary, Liverpool, and has held the positions of Nurse in the Field Force during the South African War, Sister and Deputy Matron at the Isolation Hospital, Wimbledon, Matron at the Morley Home, St. Margaret-at-Cliffe, and Health Visitor at Macclesfield.

**London Orphan Asylum, Watford.**—Miss Mountford has been appointed Matron in the Infirmary. She was trained at Brownlow Hill Infirmary, Liverpool, and has held the position of Charge Nurse at Ham Green Infirmary, Bristol, and Matron of Clift House Hospital, Bristol. She has also had seven years' experience of private nursing.

**Municipal Hospital, Harrismith, Orange River Colony.**—Miss Clemence Jones has been appointed Matron of the Municipal Hospital, Harrismith. She was trained at the Royal Southern Hospital, Liverpool, and held the position of Staff Nurse at Gordon House Home Hospital for 11 years. She worked as an Army Reserve Nursing Sister in South Africa during the war, and is at present Sister-in-Charge of the Native Hospital Section of Grey's Hospital, Pietermaritzburg.

### ASSISTANT MATRON.

**General Hospital, Birmingham.**—Miss Christine Falconer has been appointed Assistant Matron. She was trained at the Cottage Hospital, Duff Town, and the Northampton General Hospital, and has held the position of Sister, Night Superintendent, and Assistant Matron at the Leith Hospital.

**County Hospital, Lincoln.**—Miss Annie E. Hobday has been appointed Assistant Matron. She was trained at the City Hospital, Wakefield, and the General Infirmary, Huddersfield, and has held the positions of Sister at the General Infirmary, Macclesfield, and of Night Sister at the East Lancashire Infirmary, Blackburn.

**North Evington Infirmary, Leicester.**—Miss Elizabeth Jane Price has been appointed Assistant Matron. She was trained at the Infirmary, Birmingham, where she has held the position of Sister.

### SISTER-IN-CHARGE.

**Union Workhouse, Stockport.**—Miss Edith E. Douglas has been appointed Sister-in-Charge. She was trained at the Crumpsall Union Infirmary, Manchester, and has held the position of Assistant Matron at the Poor Law Hospital, Stepping Hill, near Stockport.

### SISTERS.

**Bolton Infirmary.**—Miss Maud Ethel Matthews has been appointed Sister. She was trained at the

Royal Infirmary, Liverpool, and has held the position of Night Superintendent at the Baguley Sanatorium, Timperley, Cheshire; Housekeeper at the Home for Incurables, Liverpool; and Staff Nurse at St. Peter's Hospital, London. She is a certified midwife.

**North Staffordshire Infirmary, Hartshill, Stoke-on-Trent.**—Miss Jessie S. H. Russell has been appointed Sister. She was trained at the Royal Infirmary, Sheffield, where she has acted temporarily as Holiday Sister.

**Polyclinic Hospital, Rome.**—The following Sisters have been appointed, and will work under the Matron, Miss Dorothy A. Snell, whose appointment has already been chronicled, and who has held the position of Sister in the Surgical Hospital, Walsall, and the Children's Hospital, Brighton.

Miss J. Clay, trained at St. Bartholomew's Hospital, and until recently a Sister in Queen Alexandra's Imperial Military Nursing Service.

Miss Reece, trained at the Victoria Hospital, Burnley, where she also had experience in District Nursing for five years, and as Matron of the Cathedral Convalescent Home four years. For one year she has held the position of Sister at the International Hospital, Naples.

Miss Browne, trained at the South Devon Hospital, Plymouth, where for 2½ years she worked as Sister. She has also had experience in private nursing.

Miss Ada Whyte, trained at the Greenwich Infirmary. She has also had experience in fever work, and holds the Diploma of the Croce Azzurra (2 years' training). For one year she has worked under Professor Antonio, Surgical Chief of Clinique.

Miss Ada Brunt, trained at the General Hospital, Sheffield. For two years she has worked at the International Hospital, Naples.

Miss Chapman, trained at the East London Hospital for Children, and for four years at the South Devon and East Cornwall Hospital, Plymouth.

Miss Bull, trained at the General Hospital, Birmingham.

Signorina Sciarino, trained at Bordeaux.

Fraulein Egli, trained in Switzerland.

#### NIGHT SISTER.

**Walsall and District Hospital.**—Miss Margaret Bridge has been appointed Night Sister. She was trained at the Royal Infirmary, Derby, where she has temporarily done Night Sister's work. She has also done private nursing.

#### SUPERINTENDENT NURSE.

**Sudbury Union Workhouse Infirmary.**—Miss Lily Bessie Maud Hall has been appointed Superintendent Nurse. She was trained at the West Ham Infirmary, Leytonstone, and has held the position of Maternity Sister and Deputy Superintendent Nurse at the Bristol Union Infirmary.

**Uxbridge Workhouse Infirmary.**—Miss I. J. Drummond has been appointed Superintendent Nurse. She was trained at Bradford Union Hospital, where she has held the position of Maternity Sister. She has also been Sister at the Bradford Children's Hospital, and has, therefore, had good experience to qualify her for the appointment.

#### QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Miss J. A. M. Stuart, Staff Nurse, is confirmed in her appointment, her period of provisional service having expired.

#### QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES

**Transfers and Appointments.**—Miss Edith Goodwin, to Hanley, as Senior Nurse; Miss Ada Milner, to Atkworth; Miss Mary Kelley, to Sheffield, as School Nurse; Miss Edith Wright, to Leamington; Miss Ada Harper, to Birmingham, Summer Hill Road; Miss Annie Packe, to Brackley; Miss Lily Parker, to Rochdale; Miss Ada Bines, to Hastings, St. Leonard's; Miss Gwendoline Wellard, to Bath; Miss Millicent Goodwin, to Hanley Castle; Miss Jean Bain, to Stourbridge; Miss Edith Watkins, to Cardiff.

#### Resignations.

Miss H. M. Schooling, Matron of the North-Eastern Hospital, Tottenham, under the Metropolitan Asylums' Board, has resigned this position.

The North-Eastern Hospital was opened during the epidemic of scarlet fever in 1892, and the Metropolitan Asylums' Board sought the assistance of St. John's House, then located in Norfolk Street, Strand, to provide the nursing staff of the hospital for one year. During this year Miss Schooling held the position of Night Superintendent and was employed through St. John's House. When the M.A.B. organised its own staff at the conclusion of the contract with St. John's House, she was appointed Matron. Miss Schooling's resignation will be regretted by many nurses with whom she was very popular.

Miss Maddan, who is retiring from the Matronship of Moorheads' Hospital, Dumfries, after 15 years' service, has been presented with a beautiful gold bangle, subscribed for by all the female inmates of the house and the maids on the staff. The presentation was made by Dr. Hunter on behalf of the subscribers, and he referred to Miss Maddan's constant devotion to duty and her efforts to promote the best interests of the house and the comfort and welfare of the inmates. Miss Maddan, in acknowledging the gift, expressed her gratitude for the kindness which had been shown her. Miss Janet Black, who has been cook at the hospital for more than ten years, and who is also leaving shortly, was afterwards presented with a handsome umbrella as a token of respect and esteem.

Miss Massie has resigned the post of Matron to the Morningfield Hospital, Aberdeen. The Committee accepted her resignation with much regret, and desired the Secretary to convey to her an expression of their satisfaction with the efficient manner in which she had discharged her duties since her appointment, and the care and economy which she had exercised in the management of the hospital.



## Nursing Echoes.



Following on the cruel treatment of Nurse Bellamy at Hemel Hempstead, the nursing profession has learnt with renewed indignation, not to say alarm, of the unconstitutional manner in which Miss Edith Gregory, the Matron of the London Fever Hospital, has been treated by the Committee.

We are glad to learn that Miss Gregory refused to resign, although personally urged to do so by the Chairman of the House Committee, without having an opportunity of knowing, and answering, the charges brought privately against her. We hope to refer to this case at some length in a future issue. In the meanwhile the lesson which trained nurses must take to heart is the insecurity of their professional status and personal reputation when it is possible that a hospital committee of men, who hold their positions as the trustees of public charity, should condemn unheard the responsible officials of a public institution. What we want to know is what accusations were brought against Miss Gregory behind closed doors, and who were her accusers, and we may add, without fear of contradiction, that were we in her place an answer to this question would be forthcoming either in the hospital committee room or elsewhere.

The Territorial Nursing Service continues its triumphant progress. It is deservedly popular because the nurses volunteer as individuals, and are not classed as "things." At a recent meeting of the local branch at the Castle, Exeter, Lady Fortescue presided. The following ladies living in or near Plymouth were invited to form an Executive Committee:—Lady Mary Parker, Mrs. Bastard, Mrs. Paulby, Mrs. P. Swain, Mrs. Russel Rendle, the Matrons of the S. Devon and E. Cornwall, and the Royal Albert Hospitals, and the *ex-officio* members. It was resolved to urge upon the authorities responsible "That badges should now be issued to those nurses whose names have been approved by the Organising Matron."

The Somerset Committee was also elected, and the Matrons of the following hospitals were placed upon it:—Bath Royal United Hospital, Taunton and Somerset Hospital, Bridgwater Hospital, Weston-super-Mare Hospital, and of the County Superintendent of the Somerset County Nursing Association.

On the occasion of the recent State visit of the Lord Mayor (Alderman Sir John Knill, Bart.), accompanied by the Lady Mayoress, Miss Knill, the Sheriffs and their ladies, to the Lewisham Infirmary, on January 13th, the Lady Mayoress presented certificates to the following nurses:—

Nurse Wiebkin, who took the first place in the first year examination, as well as in the third, and Nurses O'Connor, Boyd, Browne, Record, McKenzie, and Shearing, who were introduced to Lady Knill by the Matron, Miss Millicent Acton.

Dr. Toogood, the Medical Superintendent, said that the staff of the Infirmary included 51 nurses, the majority of whom were trained in the institution, and their examiner, Dr. Rose Bradford, always spoke in an exceedingly complimentary manner of their work and training.

One of our largest hospitals has come in for a huge bequest. May we venture to hope, therefore that a few additional comforts for the patients may be added to the somewhat meagre ward equipment. The serving of meals leaves much of nicety to the imagination. The complaint on more than one occasion has reached us, that tea is served in enamelled mugs, which, when deposited on the bedside locker, serve also as plates, as it is the custom to place the slabs of bread and butter on the mug, useful no doubt for the purpose of keeping the tea hot, but hardly calculated to improve the condition of the food. Surely it would be both sanitary and decent that a serviette should be provided for bed use, and as in these days the food of pussy and bow-wow is usually served on a china dish or saucer, our hospital patients might be supplied with tea plates, and also attain to the same degree of civilisation.

Joking apart, the food of every person, especially those who are sick, should be served in a cleanly and appetising manner, and there can be no excuse for the primitive methods employed at the hospital in question. Let us hope that the first expenditure of the bequest may be made in providing china cups and saucers, plates, diet tables, or serviettes, and clean knives, forks, and spoons for the use of the patients. In the training of nurses the niceties of food serving is quite as important as the sterilising of dressings—perhaps more so.

Mr. R. Hogarth Clay, Chairman of Committee, and Mr. S. J. Lawry, Hon. Secretary of the Devon and Cornwall Home, Plymouth, state that no canvassing has been done by any of their nurses in uniform for either

political party, and that any authenticated statement to the contrary shall at once be dealt with by the committee, as it is obvious that no committee could permit such a thing. Why not? Surely canvassing for our legislators is not so discreditable an occupation that a nurse must not wear her uniform when so engaged.

If there are not enough nurses on duty in a ward to watch and restrain delirious patients we presume the "cot" bedstead is the best method of preventing poor patients falling out of bed and injuring themselves. At least this was the conclusion of the Coroner and jury at a recent inquest held at the Workhouse, Kingston-on-Sea, touching the death of an inmate of the infirmary, to whom such an accident occurred, whilst the one nurse on duty was in the kitchen at the end of the ward. Many country workhouse infirmaries are sadly under-nursed.

Miss L. L. Dock writes:—"I am sure you are all glad to hear of the splendid endowment for advancing the work of nurses under Miss Nutting at Teachers' College. It all happened so quickly, easily, and quietly! It is not at all an uncommon thing for Miss Wald to be consulted by people who wish to give money away, how they may best place their gifts. Indeed, she is constantly giving advice of that kind, though usually not in regard to such large sums. It was therefore not even an incident that made any impression when she had a telephone message from this lady asking for an appointment, and intimating that advice was to be sought as to the disposal of a gift. That was one morning. The next day when I went in to dinner she told me the news. It was all settled. Wasn't it glorious? Since then, of course, there have been many conferences as to details—these will no doubt be given out by Miss Nutting from time to time, as they are worked out. We must not forget that, though Miss Wald inspired Mrs. Jenkins, Miss Nutting had interested Miss Wald immediately in her visions of the post-graduate teaching of nurses to fit them for Social Service that she has been aiming at since her arrival at Teachers' College. Ever since she has been in town Miss Nutting has been talking impassionedly on this topic, and she and Miss Wald have for some time been talking together over possible plans for utilising the splendid practical field work of the Settlement as part of the post-graduate advantages of the nurses' class at Teachers' College. The preparation of nurses for social service has, indeed, always been more or less present in Miss Wald's mind. Her own immense gift on

that line makes all sorts of work in the homes seem more urgent and vital to her than institutional work. We often used to talk of the possibility of giving a special training in visiting nursing here at the Settlement, but the practical difficulty in the way was that of providing leisure for the accompanying necessary study and of arranging for that study. Now, with all the ample resources of Columbia University to place before students, and with the many lines of field work here in New York, not only the general visiting nursing but the public school work and Health Board work and many special lines of infant saving as well as others, they should be well prepared to teach, organise, and execute, and the many nurses who have been asking where they could be fitted for this, that, and the other specialty may be told, "Go to Teachers' College."

We need now to establish a great many scholarships; our hospitals and nurses' associations will do that, I hope."

We do not doubt that the necessary funds will be forthcoming.

Nurses in the State of Washington, says the *Nurses' Journal of the Pacific Coast*, are making progress in their plan to establish a cottage for tubercular nurses, to be built on the site of the open air sanatorium which the Anti-Tuberculosis League is working for. The cost will be about 475 dollars without furnishing. The Young Women's Christian Association in the same State also hope to build a similar cottage.

## The General Election.

The whole country has been seething with excitement during the past week, and we are glad to find that both doctors and nurses have brought the important national question of State Registration of Nurses before the candidates.

The replies to the circular letter sent out by the Society for the State Registration of Nurses have been quite surprising, the majority promising hearty support to the Bill. It is an open secret that if our Bill could get a second reading it would be passed with a trumping majority, and that is the reason every nerve has been strained by the opposition to block it in the Commons. However, "we feel it in our bones" that a good time is coming, and our Society has conveyed "congratulations" to every pledged friend who has been so far successful at the polls, not omitting to express an earnest hope for future favours.

## The Hospital World.

### "THE LIMES" JERSEY.

The opening of a new hospital, erected on up-to-date lines, is always a subject of interest to members of the nursing profession. Situated in Green Street, S. Helier, the "Maison San Marculf," better known as "The Limes," is inhabited by the Order "Sœurs Immaculées de Marie," who for years have quietly done good work both in the old "hospice" and the town—was opened early this autumn, as soon as the new building was erected.

On the invitation of the Supérieure de San Marculf, a number of medical men, nurses, and representatives of the press were conducted over the premises by Dr. Paul Chappuis, the visiting officer of the establishment.

There are thirty rooms in the new building, including two wards containing six beds each, so there is accommodation for thirty cases. On each floor there are bathrooms and lavatories, while the rooms along the corridors, with large windows, and sunny aspects, are plainly yet comfortably furnished for patients who desire privacy. The charge for these rooms vary from 15s. to 21s. per week, according to size and aspect. The wards are for medical and surgical cases, and on the same floor as the latter is a small operating theatre, fitted with every modern convenience; adjoining it is the laboratory. There are two large sitting-rooms, one for male and the other for female patients, and an airy kitchen, supplied with an imposing array of saucepans and other necessary cooking utensils.

Patients of any denomination are admitted, and also may be under the entire control of their own medical advisers, and are allowed to bring their own nurses to tend them. Infectious and maternity cases are not admitted. In the wards patients are taken for 8s. per week, though in deserving cases this charge is reduced.

The Order has several hospitals in Brittany, from which more nurses can be obtained, for at the time at which I write the staff is not a large one. These nurses are conversant with English, so English patients need not be afraid of being at a disadvantage.

Facing south and close to the sea, whose hue rivals the blue of the Mediterranean, the building is an ideal one for a hospital, while the large garden, with its green lawn and shady trees, will be a joy to convalescents, who have not yet gained strength enough to walk to the shore. Comparatively few English people know the Channel Isles, yet they are veritable gems of beauty set in a sapphire sea.

## Reflections.

### FROM A BOARD ROOM MIRROR.

At a meeting held on the afternoon of January 12th, the Board of Management of the National Anti-Vivisection Hospital, Battersea General Hospital, appointed both a House Surgeon and House Physician to the Institution. These appointments have for some time been contemplated, owing to the rapid growth of work of the hospital. A medical officer will consequently always be in attendance at this Institution to receive patients.

Dr. R. C. Brown, of Preston, who has made several donations to the Preston Infirmary, has given a further £510 for a new building for the temporary isolation of patients suspected to have contracted diphtheria or scarlet fever, but whose symptoms are not sufficiently pronounced to justify immediate removal to the Corporation Isolation Hospital.

### MATERNITY NURSE RECOVERS FEES.

In the Kingston (Surrey) County Court, Miss Helen Sneddon, a Maternity Nurse, recovered from a patient £7 7s. fees due to her, and costs. Miss Sneddon was engaged to attend the patient on October the 5th, and she went into residence on that day. The confinement, however, did not take place, and on October 20th the patient and her sister charged the nurse with having made a mistaken calculation on data furnished to her in the previous May. The patient suggested the nurse should leave, and return when required, probably November 5th. The nurse declined, as she had refused another engagement for October, but offered to forego a fortnight's salary if the family could prove the mistaken calculation was her fault. The Judge held that the nurse's calculations were quite right on the data supplied to her. Miss Sneddon suggested that the error arose from a miscalculation on the doctor's part, and that she should not be made to suffer for his error, and the Judge took the same view, and that the nurse was entitled to recover. There was a written engagement for a written date, and the nurse's calculations were correct on the data supplied to her.

### A MEXBOROUGH NURSE'S CLAIM.

A nurse's claim for compensation was the rather unusual business which came before the monthly meeting of the Doncaster and Mexborough Joint Hospital Board, held recently, at Conisborough, Mr. Henry Baker, the chairman, presiding. Miss Currier, of Mexborough, was the nurse in question, and it appeared that shortly after commencing her duties at the hospital she contracted blood poisoning in one of her fingers. As a result she had to have it amputated. Her father offered, through her solicitors, to compromise the matter for £60, but the Chairman considered they were not liable. A motion by Mr. A. Lee, of Mexborough, that the claim be met was not seconded.



## Nursing in the Bush.

From *Una*, the official organ of the Royal Victorian Trained Nurses' Association, we reprint in full the inspiring speech of her Excellency the Countess of Dudley, addressed to the members of that Association, when on the 29th of November last, she entertained them at a Garden Party at Government House, Melbourne. Her Excellency said:

MY DEAR FRIENDS,—It is impossible for me to stand facing any large body of the nursing profession and call the members of it by any other title, for I have for years past had the advantage of counting amongst my friends many nurses in the Old Country. We have worked together, and I have had opportunities of knowing more than most people—something, at any rate, of the zeal and self-sacrifice, and the devotion to duty, which constitutes the mainspring of their lives. So, in speaking to you, I feel I am on familiar ground.

All of you know, I think, that I am hoping to see before long laid down in Australia the foundation of a scheme for district nursing in the Bush, and it is upon this subject that I am anxious to say a few words to you to-day.

I do not intend to speak to you of the advantages of district nursing. I know that the R.V.T.N.A. counts amongst its members many that are living examples of the benefits which can be bestowed upon a community by the ministrations of a district nurse, and no better organisation could be found than the Melbourne District Nursing Association. But I want you to consider with me for a few minutes the point of view from which, I hope, any scheme of Bush district nursing will be regarded by all those who will have occasion to take part in it. And, broadly speaking, these may be divided into two sections—the promoters and organisers of the scheme and those who are to carry it out.

Let me use an illustration to make my meaning clear to you. An army is composed, broadly speaking, of two sections, officers and men, and we all know when any scheme of military attack or defence is under consideration—when perhaps the question at issue is no less vital than the vindication of a nation's honour—that, great as the responsibility is which lies vested in the hands of the officers commanding, the real issues of the campaign lie with those who compose the material of an army—the non-commissioned officers and men who make up the rank and file.

Of this project of Bush nursing you are the material on which the success or failure of the enterprise depends. It must be well officered, too; its executive must represent the best that Australia can produce. But of this great project, the most important part will rest with the nurses who constitute themselves its pioneers, who lay its foundations and raise up the standards by which it shall be judged in after years. And so if any of you, the nurses of the R.V.T.N.A., eventually decide to take part in what I hope may grow to be a

national movement, it will be, I know, in the true missionary spirit—carrying into this new branch of an old work the self-sacrifice, the devotion to duty, and the unselfishness which distinguishes the profession to which you belong.

It is not for me to speak to you to-day of the details of an organisation which has as yet barely taken shape, but this much I may venture to assure you—that as any leader should always consider the comfort and welfare of those who follow him of paramount importance in any undertaking, so will the promoters of this project be zealous in their consideration for the nurses who are to establish it. Everything that forethought can devise will be provided for their well-being, their safe-guarding, their security. On the other hand, those who decide to put their hands to the plough to furrow this as yet almost unbroken soil of nursing work in Australia must remember that they may have to bring to it certain qualifications which may be superfluous in town districts. They must be possessed of a sound physique, to encounter hardships of climate and distance to which they will be exposed. Not only must their standard of efficiency cover the requirements of the lonely districts where they may be sent, and should represent the three divisions of medical, surgical, and midwifery training, but they should be dowered with plenty of personal experience. It is a field of work perhaps better suited to older nurses than to those but recently trained. But in any case it is work which calls only to those whose ears are attuned to hear a note pitched high above the turmoil of mundane things, and who have it in their hearts to be strong, and perhaps to suffer, in order to bring comfort and relief to hundreds of their fellow men and women. We want in our pioneers, who will also be the captains of this undertaking, the qualities of courage, patience, and unselfishness, which distinguish those persons—the salt of the earth—who find it possible and even congenial to sacrifice their individual aspirations for the general good of the community.

It is needless to say that this speech was received with great acclamation.

### WEDDING BELLS.

A pretty wedding took place recently from the General Hospital, Johannesburg, when Miss Leila Florence Allison, daughter of Mr. T. S. Allison, Magistrate at Standerton, was married to Dr. Mudd, senior resident surgeon at the Hospital. The bride had just completed her training as a nurse, and carried off the gold medal at the final examination. After the wedding ceremony there was a reception at Hospital House, kindly lent for the occasion by Dr. and Mrs. Mackenzie. Among the numerous guests present were Mrs. Magill, Matron of the Hospital, and all of the nursing staff who were not on duty. There were many beautiful presents, including a solid silver kettle from the resident staff, a beautiful fruit dish from Mrs. Magill, and a silver entrée dish from the nursing staff. Many were the good wishes expressed for the future happiness of the bride and bridegroom.



## Our Foreign Letter.

## MATERNITY TRAINING IN HOLLAND.

DEAR EDITOR.—Would it interest your readers to hear about the training of maternity nurses (I mean those nurses who assist the doctor or midwife, and nurse mother and child after the confinement) which Nosokomos has instituted?

Up to the present moment the only way of obtaining training as a maternity nurse was to enter as a probationer one of the maternity hospitals. Only certificated nurses are admitted. The training lasts one year, however most of the time is given to gynaecological work. But Holland has only four maternity hospitals, which form part of the university hospitals, and the number of candidates being much larger than the number of vacant places it is rather difficult to get admitted. This induces us to seek an outlet and try some other method of training maternity nurses. Some excellent work being done by Dr. Th. H. van der Velde at Haarlem in the way of training day nurses, who go to people of moderate means. We asked his help for our scheme, and he kindly accepted our proposal to institute a training for maternity nurses which will not be given in an hospital but in district nursing. Dr. van der Velde has a large practice as accoucheur; he founded some years ago an association for the care of poor lying-in women, which does splendid work. The new course for maternity nurses will take eight months. Dr. van der Velde will give the theoretical lectures and demonstrations, and control the practical training of the nurses, who during the first weeks will work under the constant supervision of a Superintendent, a certificated general and midwifery nurse. They will have the whole care of two or three mothers and babies, doing their work still under control of doctor and superintendent. At the end of their training they will pass an examination which will last a fortnight.

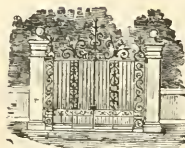
This training will have advantages, but also a drawback. The drawback is that although the pupils will assist at confinements, they will but rarely have the opportunity of seeing cases which want surgical help. These, of course, are sent to the hospitals. But as all the pupils are certificated nurses who must be skilled in surgical and operative work, the drawback does not seem so very great, whereas the advantages are many. In the first place the pupils will not only learn to nurse maternity cases, but they will also get some notions about district nursing. Besides, it will be an advantage not to be obliged any more to conform to the strict regulations of the hospital, but to be able to dispose freely of their time once the work done. The training is given gratuitously, but the pupils will have to pay for their board and lodgings, and this will be a drawback in the beginning. The Dutch nurses being accustomed to get some salary from the first moment they enter the hospital. But I trust that the more healthy principle of paying for training, and getting in return good teaching will soon be familiar to everybody.

J. C. VAN LANSCHOT-HUBRECHT.

Secretary to the Dutch Nurses' Association.

## Outside the Gates.

## WOMEN.



The Society of Women Journalists has issued its fiftieth Annual Report, and makes a most interesting little budget. With brilliant Lady McLaren as President, Mrs. H. T. Bulstrode as Chairman of Council, and Mrs. Baillie Reynolds as Vice-Chairman, the members have a trio of charming women in office. Forty-six new members have been elected during the past year, and much hard work for their benefit—social and professional—has been accomplished. Every woman writer of note should give her support to this excellent society.

Dr. E. Maude Marsden has been appointed House Surgeon at St. Mary's Hospitals, Manchester, for a term of six months. This is the first appointment at this hospital of a woman to the resident medical staff. It will be remembered that the Board of the Manchester Royal Infirmary have, so far, declined to appoint a woman medical officer.

Dr. Janet T. Miller and Dr. Jessie C. Russell have been appointed as Senior and Junior Resident Medical Officers respectively at the East Poorhouse Hospital, Dundee. Dr. Miller was formerly *locum tenens* at the hospital, while Dr. Russell is at present acting as Medical Resident there.

The Dowager Queen of Sweden, whose interest in all that concerns the welfare of her fellow countrymen and women is well known, and who has been spending some months in this country, has shown a great interest in the Swedish community in London during the Christmas and New Year season. The Scandinavian West-End Mission received a gift of money, and the Scandinavian Temperance Home several Christmas gifts for the Swedish sailors, and on the New Year's Eve her Majesty arranged an entertainment at the Swedish Seamen's Hall in Rotherhithe.

There is great competition as to the honour of representing Joan of Arc at the Army Pageant at Fulham Palace in June, when the maid is to appear in full battle array, surrounded by her faithful knights, and carrying the banner of victory. The selection will be made amongst the many applicants, including a peeress of the realm, by Mr. F. R. Benson.

Meanwhile, the canonisation of the "Blessed Joan" is being proceeded with, and within two years we may expect her acclaimed as a full-blown saint. But Joan will always be, to those who love her well, the simple maid, who, following the dictates of conscience, held on the straight course, though that course led to the stake, in her patriotic love for king and country, so ill requited and so tardily recognised by the Church which should have been her support what time her brave spirit found freedom through physical agony.

## Book of the Week.

## THE GOD OF LOVE.\*

Those who appreciated "The Flower of France" and "The Gorgeous Borgia," by Mr. J. Huntly McCarthy, will welcome another book by this author dealing with well-known historical characters.

Dante and Beatrice—all the world knows of their tragic love story, yet many know little more. Those who wish to have it brought vividly before them by a past master in the art of presenting historical facts in the form of interesting fiction will hasten to secure "The God of Love," which they may be assured is well worth reading.

The book purports to be written by Lappo Lappi, in his youth frankly libertine, now a monk, with this at least to his credit—that he loved Dante and proved himself his true friend.

We are introduced to the City of Florence on May Day. "No city of Heathendom or Christendom," says Lappo Lappi, "could be more beautiful than Florence at any season of the year. But I think that in all the history of Florence there never was a May Day like that May Day. It was gloriously green and gold, gloriously blue and white, gloriously hot, and yet with a little cool, kissing breeze that made the flaming hours delectable."

Monna Beatrice, daughter of Messer Folco, recently returned to Florence, is Queen of the May Festival, but though the city holds high revel, and the lads and lasses make merry with the voluptuous unrestraint of their time, this has little significance for Dante Alighieri, poet and dreamer.

We make his acquaintance on the bridge, where his master and teacher, Messer Brunetto, is discoursing very learnedly about Messer Virgilius. "The first I heard him say was this, in a grave voice: 'Forgive me for lingering, master. I was listening to the Song of the River.'"

"What in the name of all the ancients is the Song of the River?" Brunetto echoes, in surprise, and Dante answers:

"The Song of the River, the Song of Life. I cannot sing you the Song of the River. If I could tell you its meaning I should be a greater poet than Virgilius."

"The dappled calm of a green garden, the sable shadows quivering on a ground of gold, a book of verses by him to play with, and a swarm of sweet rhythms like coloured butterflies floating about his drowsy senses," have more charm for Dante than the ladies in Florence, "as lovely as the city's lilies," but questioned by his comrades as to whether he had ever been in love, he owned—

"Once, when I was still a child, I saw a child's face, a girl's face; it lives in my memory as the face of an angel. I had a rose in my hand, and I was smelling at it, and then I saw the child. She was younger than I—and I was very young. . . . Laugh if you like, but I learned what love might mean then, as I peeped over the red breast of the rose at the little maiden. Oh! if I had all the

words in the world at my order I could not truly tell you all I thought of that little child."

Arrives Monna Vittoria on the scenes—light of love, and of "a very sensual disposition," but nevertheless a good friend to Dante and Beatrice when troubles thicken around them. She enquires of the "gentle gentles" why they are not at the sacrifice, and explains it is the sacrifice of the "pearl to the pig," of "a clean child to a coarse churl," the sacrifice of Folco Portinari's little Beatrice to big Simone of the Bardi, "a queen of beauty to a king of beasts."

In the Queen of Beauty Dante finds the little child he worshipped, and the book is concerned with the struggle between Dante and Simone. Dante, as we all know, won her love. Simone, by means of a poisoned rose, achieved her death.

But love of the quality of that between Dante and Beatrice is immortal, and for Dante death must have been the gate of life.

P. G. Y.

## COMING EVENTS.

January 21st.—Nurses' Union "At Home," 5, Cambridge Gate, 2.30—7 p.m.

January 25th.—Meeting of the Central Registration Committee, Council Room, British Medical Association Office, 429, Strand, London, W.C., 3.30 p.m. The Right Hon. the Lord Amplthill will preside.

January 25th.—Matrons' Council of Great Britain and Ireland. Meeting of the Council, 7.30 p.m. Papers and discussion, 8 p.m. 431, Oxford Street, London, W.

January 26th.—Royal Infirmary, Edinburgh. Lecture on "The Blood, its Functions and Alterations," by Dr. G. Lovell Gulland. Extra Mural Medical Theatre, 4.30 p.m. Nurses are cordially invited.

January 27th.—Meeting of the Certified Midwives' Total Abstinence League, Chapter House, St. Paul's Churchyard, E.C. Lecture by Dr. Kelynaek on "Medical and Nursing Aspects of the Alcohol Problem," 3.30 p.m.

January 27th.—Meeting of the Central Midwives' Board, Caxton House, Westminster, S.W., 2.45 p.m.

## Word for the Week.

## CONSCIENCE AND REMORSE.

"Good-bye," I said to my Conscience—

"Good-bye for aye and aye";

And I put her hands off harshly,

And turned my face away:

And Conscience, smitten sorely,

Returned not from that day.

But a time came when my spirit

Grew weary of its pace;

And I cried, "Come back, my Conscience,

I long to see thy face";

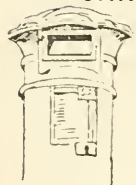
But Conscience said, "I cannot—

Remorse sits in my place."

PAUL LAWRENCE DUNBAR,  
From *The Nurses' Journal of the Pacific Coast*.

\* By Justin Huntly McCarthy. (Hurst and Blackett, Ltd., Paternoster House, E.C.)

## Letters to the Editor.



*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in any way hold ourselves responsible for the opinions expressed by our correspondents.*

### FOR EVER AND EVER.

*To the Editor of the "British Journal of Nursing."*

DEAR MADAM.—Thank you for your little paragraph re my belief in the usefulness, not to speak of the power, of the Matrons' Council. I have always had a great respect for that body, and a great belief in its capabilities. It was Napoleon, I think, who said that an army fought and conquered on its stomach, and its feet. Equally true of a hospital. I have seen methods of treatment come and methods of treatment go. I have seen carbolic sprays, absolutely essential to correct surgical procedure, relegated to the scrap heap. I have applied sixty poultices in one day to the patients of a surgical ward, and have lived to see poultices treated with derision and contempt. I have seen many a gay balloon of fresh experimental treatment launched with hope and confidence only to sink gently back to Mother Earth, punctured; but I have never, never met a hospital that did not require a steady supply of clean sheets and a square mid-day meal.

Yours faithfully,

M. MOLLETT.

Royal South Hants and Southampton Hospital.

### SIMPLICITY THE FOUNDATION OF GOOD NURSING.

*To the Editor of the "British Journal of Nursing."*

DEAR MADAM.—I was very interested to read the article recently on the care of the breasts. It is one more proof of the undesirability of "meddlesome midwifery." We used to be taught to give vaginal douches as a routine practice to every lying-in woman. Now we know these to be undesirable except under special circumstances, and—unless in the most careful hands—dangerous.

The management of the breasts was again a complicated business, if for any reason the mother's milk had to be dried up. Breast pumps, belladonna plasters, massage, bandaging, the aid of all was invoked. But we learn now that these are unnecessary, and that the best restrictive bandage is that applied by nature. There is also a considerable difference of opinion as to the application of the mother's binder, and it seems likely that after the infant's binder has served the purpose of keeping the dressing in place until the cord separates that it, too, may be abandoned as useless and even injurious. Does not all this tend to show that simplicity in nursing as in everything else, is the best policy, and that the nearer we approach to it the better nurses we are? Just as the present simplicity

of aseptic dressing is infinitely superior to the complicated methods in vogue under the antiseptic system, so modern midwifery is immeasurably in advance of the meddlesome methods of the past.

I am, dear madam,

Yours faithfully,

A LOVER OF SIMPLICITY.

### THE COLOGNE CONGRESS.

*To the Editor of the "British Journal of Nursing."*

DEAR MADAM.—When 1912 is here no end of nurses will want to go to Cologne to attend the International Congress of Nurses, which is sure to be splendidly organised by our German sisters, and if they do not save up for it the money will not be to hand. May I make a suggestion—that we begin to save now—so that we can enjoy a real holiday in comfort when the time comes, and see all there is to be seen. With economy a little tour in South Germany could be accomplished, and £10 to £15 ought to be saved; or if we put by 5s. to 10s. a month a nice little sum would be ready by the summer of 1912. Will anyone offer to act as "Bank" in the meantime?

Yours truly,

A MEMBER OF THE INTERNATIONAL COUNCIL OF NURSES.

## Comments and Replies.

We must apologise to semi-private correspondents for delay in replying to their letters. No doubt they will accord forgiveness when they remember that this is General Election week.

*Probationer.*—You will learn many details of practical importance in your work from experienced nurses under whom you work which you will never find in any text-book. It is a good plan to write these down, so that in course of time you may have a valuable note-book for reference.

## Notices.

### RULES FOR PRIZE COMPETITIONS.

#### THE NEATEST NURSE PHOTOGRAPH.

We offer 10s. for a photograph of a nurse in uniform, neatness to be the test of excellence, with permission to publish the same. The photographs must reach the Editor at 20, Upper Wimpole Street, London, W., not later than Saturday, January 22nd. Photographs sent which do not win the prize will be returned.

#### AN ARTICLE ON A PRACTICAL NURSING SUBJECT.

We offer £1 10s. for an article dealing with Practical Nursing of from 1,400 to 1,500 words, to reach the Editor not later than Saturday, January 29th. By arrangement with competitors articles other than that to which the Prize is awarded may be selected for publication.

Each competitor must enclose her name and address in full.

#### OUR PUZZLE PRIZE.

Rules for competing for the Pictorial Puzzle Prize will be found on Advertisement page xii.

# The Midwife.

## The 1910 Union of Midwives.

### POPULAR REPRESENTATION AND POPULAR CONTROL.

The 1910 Union of Midwives, which has published a manifesto declaring its policy in the current issue of the *Midwives' Record*, is to be commended for the aims which it sets before its members, and the clearness with which it gives expression to them.

### THE PROTECTION OF THE INDIVIDUAL AND CORPORATE INTERESTS OF MIDWIVES.

The Union holds that the interests of midwives can only be adequately looked after by midwives, and it is further convinced that the conditions of midwifery, and the feeling of midwives throughout the country renders such a movement inevitable. It desires to work in cordial co-operation with all existing organisations that by united efforts, exerted on a national scale, they may, by every means at their command, erect and maintain a bulwark for the protection of their individual and corporate interests.

### DIRECT REPRESENTATION.

Next the Union holds that sweeping changes in the constitution of the Central Midwives' Board are essential if it is to be a fair and adequate governing body for midwives, and that direct representation upon it of certified midwives chosen by popular election is at once essential and inevitable. It declares that though this feeling is deep-seated and widespread no adequate and organic expression has been given to it hitherto.

### THE PRINCIPLE OF SELF-GOVERNMENT.

Further, it proclaims as an essential principle, the non-interference of any outside elements, however distinguished they may be socially, or however influential their medical or legal qualifications may be.

It points out that the principle of self-government has been successfully applied to the organisation of workers both in the industrial and professional world, as in medicine, the law and the church, and that the same principle should be applied to midwives. Doctors and lawyers alike would regard it as an impertinence for laymen, or laywomen, to intrude on the administration of their respective professions, and the trade unionist who should propose that members of the employing class, however philanthropic their professions may be should be invited to serve on the governing bodies of their trade societies would be greeted with well merited derision.

The Union believes that the same spirit and principles must and will actuate working midwives now and in the future. Laywomen truly interested in the well being of midwives can find an outlet for their activities in other societies, but this one is to be governed by its rank and file, elected by the suffrages of their sisters.

Such a logical and straightforward programme must widely commend itself. There is every prospect of a successful future for a Union of Midwives founded by and governed by midwives, and all the officers and temporary Executive Committee have the one essential qualification that they are certified midwives.

All midwives in favour of the objects of the Union are asked to sign a form which runs: "I am in favour of the objects of the 1910 Union of Midwives as explained in the subjoined manifesto, and will attend the first meeting, if possible." The name and address of the applicant should be attached, and the application forwarded with a half-penny stamp to the Hon. Secretary, 8, Henrietta Street, Covent Garden, London.

There is every prospect of a large gathering.

## The L.C.C. and the Midwives' Act.

The Report of the Public Health Committee of the London County Council, submitting the Report of the Medical Officer of Health for the County for the year 1908, contains the following reference to the Midwives Act:—

"The number of midwives giving addresses in London, whose names have been placed on the Roll, was 3,020, made up as follows:—

(a) 1,824 in virtue of a certificate obtained by examination prior to the Midwives Act, 1902.

(b) 1,011 in virtue of a certificate from the Central Midwives' Board.

(c) 185 in virtue of having been in practice for a year prior to the passing of the Act.

After correcting for removals and deaths, where such had been reported, the number of certified midwives residing in London in 1908 was reduced to 2,690. Of these, 518 gave notice of their intention to practise during the year, including 32 midwives acting on specific occasions, but not practising regularly in London. The London midwives are classified as follows:—



	Not Practising	Notifying Inten- tion to Practise during 1908.	Total.
Class (a) ...	1,392	206	1,598
Class (b) ...	716	204	920
Class (c) ...	64	108	172
	2,172	518	2,690

Many of the 204 midwives in class (b), who notified their intention to practise, were newly qualified, and were working for short periods at the institutions where they were trained prior to taking up practice in other parts of England, or going abroad.

From the above figures it will be seen that less than 20 per cent. of the midwives residing in London are practising. The remainder for the most part act as monthly nurses under the direction of medical practitioners.

Of the practising midwives, some 25 reside at, and work in connection with, lying-in hospitals or Poor Law Infirmarys, and are under the supervision of medical practitioners. Others living in their own homes attend patients on behalf of charitable institutions, which pay them fees for each case allotted to them, a few taking no other cases, while others are also engaged in independent private practice. The rest practise independently, or work in lying-in institutions not under direct medical supervision.

Three practising midwives died, 12 gave up practice, and 27 removed from the county during the year.

## The Rotunda Hospital, Dublin.

Dr. Lombe Atthill, continuing his reminiscences in the *British Medical Journal*, gives the following details in regard to the nursing staff at the Rotunda Hospital, Dublin, on his appointment as Master in 1875:—

"There was not a trained nurse in the house except the 'head midwife,' whose main business was to supervise the female pupils, who were trained in midwifery only; they picked up from the ward nurses such knowledge of the nursing of lying-in women as the nurses were willing or able to impart. The ward nurses were always respectable elderly women of good character, selected by the Matron, and put in charge of a ward when a vacancy occurred, without any previous training. Some of these, I found, could neither read nor write. Their wages, too, were but £10 a year. They provided their own clothing, and as their laundry expenses were not provided for, they were in the habit of washing their underclothing, etc., in their wards, during the interval between the discharge of one batch of patients and the admission of the next. Their dresses, being black, were never washed, and were worn till they could no longer be held together; not that you ever saw a nurse in rags, they always looked respectable.

"As I could not think of discharging these women, some of whom, indeed, were worthy of trust, I made the following suggestions to the governors, which they approved of:—First, that the nurses should be divided into three classes. Two, selected by me, to receive £20 a year each, the second class to receive £16, and the third £14; all to be provided with uniform, and laundry expenses paid. No washing to be permitted in the wards.

"All were pleased at the prospect of better pay. Some objected to the division into classes, and most of them to being obliged to wear uniform. Indeed, the head midwife was much opposed to this innovation, specially as it applied equally to the pupil midwives; and she gravely protested against 'the poor things being obliged to wear calico dresses in winter.' Yet she was a most intelligent, and, in other respects, most trustworthily, woman; but she was a great conservative, and considered wearing uniform derogatory to her pupils. As to herself, she was not asked to wear it. I knew she would have resigned sooner than do so.

"The new rules worked very well. Some of the oldest and least efficient nurses, being disgusted at not being selected for the first class, said that if they were given a gratuity they would resign. Their application was granted, and so I got rid of one or two inefficient without causing trouble; and before my term as Master expired I could not have wished for a better staff than I had.

"The Matron was a nice old lady, a widow, who had formerly been in a good social position. She wished to do right, but had not had any previous training, and had no idea of what the duties of a hospital Matron should be. She walked through the wards once daily to see if they were clean, etc., but with this exception her duties were really those of a housekeeper. It remained for my then assistant, Dr. (now Sir William) Smyley, to again reorganise the nursing staff. Acting on his advice when, some years later (in 1889), he was elected Master, the Board abolished the office of head midwife, and appointed, as Lady Superintendent, a trained nurse, with Sisters, nurses, and probationers under her, as in other hospitals. I, being then a member of the Board of Governors, was able to support him in this and other improvements, for the carrying out of which he deserves the greatest credit."

## The Central Midwives' Board Examinations.

The next examination of the Central Midwives' Board will be held on February 15th, in London, at the Examination Hall, Victoria Embankment, W.C., also in Birmingham, at the University; in Bristol, at University College; in Manchester, at Victoria University; and in Newcastle-on-Tyne, at the University of Durham College of Medicine. Also at Leeds—the new centre—by the kind permission of the University authorities, who have offered all the necessary facilities, the examination will be held at the University.

# THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED  
**THE NURSING RECORD**  
EDITED BY MRS BEDFORD FENWICK

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SATURDAY, JANUARY 29, 1910.

XLIV.

## Editorial.

### UNITY OF PURPOSE.

A most hopeful sign of the growing importance of the movement for the State Registration of Trained Nurses and of the support accorded to it by influential societies, is the Conference which took place on Tuesday afternoon last at the offices of the British Medical Association, under the presidency of Lord Ampthill, with the object of securing united action in regard to State Registration until a satisfactory law has been passed by Parliament. Adhesion to principle of State Registration of so powerful a Society as the British Medical Association would alone be strong evidence in favour of such a measure, but the promotion of a law so intimately affecting nurses must also have their support, and no more forcible demonstration that this support is forthcoming could be accorded than that delegates of influential societies of nurses in the three kingdoms are so keenly anxious for the passage of a law that they were ready to devote a considerable expenditure of time and money to attend the Conference in order to support the object which it had in view.

In face of this united front, the obstruction of the authorities of about a dozen London hospitals must give way. Is it not indeed time that they realised that the law of progress demands their support instead of their opposition to such a measure? A little more than half a century ago training schools for nurses were non-existent—women, generally of mature age and of the charwoman type, were engaged to care for the sick, a phase of which the term “nurse-tender”—not yet wholly extinct—is reminiscent. A little later women of a different stamp, but still almost entirely uneducated, were utilised. Then came the establishment of training schools for nurses, because

hospital committees, stimulated by the example of Miss Florence Nightingale, found that by this method the sick in their charge could be best cared for.

With the establishment of the training school, hospital committees assumed duties of an entirely new character, and became in fact educational authorities, and that in respect to a highly skilled branch of work with the theoretical requirements of which they were not as a rule conversant, and with the technical details of which they were unfamiliar, but the fact that they have assumed these duties carries with it corresponding obligations.

We are the first to admit the great amount of progress which has been achieved in nursing education, but we contend that nursing standards are at present an unknown quantity, that they depend greatly upon the ability of individual matrons, so that even the nursing school of a hospital, at one time efficient, may with a change of Matrons become inefficient. The efficiency of trained nurses is a matter of national importance, and a definite minimum standard should therefore be maintained under state authority.

Is it not time that hospital authorities realised that the insistent demand of trained nurses for the regulation of their profession, and the systematic organisation of nursing education, is a legitimate one, made in the public interest, and should receive their cordial support? We believe that the issues have been obscured, and that many hospital governors do not understand what is involved in the demand of nurses for legal registration. We hope that in the near future any objections they have felt in the past, through a misapprehension of the question, may be entirely removed, and that they will come forward to help a reform which has too long been delayed.

## Medical Matters.

### TREATMENT OF CHILBLAINS.

The Paris correspondent of the *Lancet* states that according to M. Jacquet and M. Jourdanet chilblains are caused by a conflict of multiple irritations. In a communication on this subject read at a meeting of the Academy of Medicine held on January 4th they said that one factor in these irritations was the influence of cold or rather of rapid and repeated alternations of cold and heat, whilst another factor consisted of various organic reflexes. The effect of these causes was that the vascular system of the skin suffered from functional impairment with the production of stasis, erythema, engorgement, and ulceration. In treatment the first consideration was exercise and elevation of the extremities. Very frequently—every hour if possible—the patient, sitting comfortably on the edge of a bed, should raise his arms to their full height for several minutes, at the same time making with his hands, and especially with his fingers, rapid and alternative movements of complete flexion and extension. Similar exercises of elevation and movement were applicable to the feet, the patient being either seated or recumbent. During the intervals between these exercises care should be taken not to let the hands hang down or swing to and fro, and when there were chilblains on the toes the person should keep as much as possible in the horizontal position with the feet raised. Of course, the extremities should be well protected against cold. After a few days of this treatment the local asphyxia diminished, the doughy condition disappeared, and the stiff and swollen fingers resumed their natural condition. Massage might then with advantage be added to the exercises already described, the best form of it, being gradual kneading of the tissues.

### BERI-BERI AT SINGAPORE.

Dr. W. Gilmore Ellis, who is the medical superintendent and medical officer to a special hospital for beri-beri which was opened at Singapore in 1907, sends a gratifying account of the success that has been secured in the treatment of the disease, to the *Birmingham Post*. The hospital contains 120 beds, and of 738 patients who have passed through Dr. Ellis's hands only twenty have died, and in only eight of these was beri-beri the cause of death. The healthy site of the hospital, which stands on the sea five miles from Singapore, the open air treatment, and the sea-bathing which is followed as a routine, all patients being kept in the sea for half an hour daily and massaged, promote healing, and Dr. Ellis attaches the

greatest importance to the prohibition of uncured rice as an article of diet. His own experience in connection with the Singapore Lunatic Asylum, where there has been a succession of epidemics since 1896, convinced him that the disease was due in some way to the use of uncured rice, and the use of cured or Bengal rice exclusively has kept the institution free from beri-beri for more than a year. Dr. Ellis gives the directions which are followed for the preparation of cured rice in the Beri-Beri Hospital. The rice used is Siam rice. It is soaked in water for forty-eight hours, the water being changed once. It is then placed in boilers and steamed, not under pressure, until the grains burst, generally a matter of from ten to twelve minutes. It is then sun-dried, and afterwards goes through the mill, to be husked in the usual way.

### MALARIA AND BLACKWATER FEVER ON THE GOLD COAST.

A retired surgeon, Lieut.-Colonel of the Indian Medical Service, writing to the *Times* on the above subject, says: "There are three methods whereby infection with malaria can be prevented—the first is absolute protection against the bites of mosquitoes; secondly, the extermination of mosquitoes; and thirdly, the efficient prophylactic use of quinine.

"From what I saw of the conditions prevailing on the Gold Coast I was forced to the conclusion that the third method—namely, quinine prophylaxis—was the only one on which any reliance could be placed.

"Europeans who go to the Gold Coast quickly acquire the belief that an attack of fever is, in the nature of things, a right and proper dispensation. They are led to think that the use of quinine will in a measure only protect them from an outbreak of fever, and not, as should be the case, that it will prevent its occurrence. It is difficult to understand why it should be regarded as a palliative only and not a specific in the prevention of fever. It is as easy to kill an infant as an adult, and therefore it is certain that quinine, which destroys a developed malarial infection will likewise kill a similar infection in its earlier infantile stage.

"An attack of malarial fever results from the presence in the blood of a large number of spores. These spores, but few at first, arise from the germs injected by the mosquito. The spores multiply in the blood of the person bitten, and several days must elapse before they can become sufficiently numerous to produce an attack of fever. To think that quinine will not destroy these spores when few in number and thereby prevent fever, whilst admitting that it will kill them when in great numbers and so cure fever, is to believe what seems to be an absurdity.

## A Special Curriculum for Private Nurses.\*

BY MISS J. C. VAN LANSCHOT-HURECHT

The suitable training of nurses presents many difficulties. The subject of this paper is the training of the private nurse. My experience as Secretary of the Dutch Nurses' Association has taught me that their education is still very incomplete. To my idea it is a great mistake for a nurse, who has merely her certificate for general nursing, obtained after a three years' training in an hospital where no paying patients are nursed, to be allowed to go in for private nursing. Even if she were technically fit for her task, which it is almost impossible for her to be under the present conditions, the complaints of the public prove, that many of the nurses from lack of refinement, good manners, and general knowledge, are totally unfit for the work they take upon themselves.

Of late years nursing has not the attraction for women that it had formerly. For one thing women have now obtained a footing in most of the professions which formerly were open to men only. Twenty years ago a girl, who had to work for her living or desired to become a useful member of society, had only two courses open to her: that of teacher or nurse; nowadays she has nearly all the professions to choose from. Hence there are fewer better-educated young women who take up the nurses' profession. A second factor is the incomplete training the nurses receive. And while well-educated women seeking to become nurses grow less in number every year, the demand for nurses becomes greater. Consequently the training-schools have been obliged to be less particular in their conditions for admittance, and accept as probationers young women whose school education has ceased at their fourteenth year. Among those are many well qualified for hospital work, young women loving their profession, thoroughly trustworthy, and whom the hospital authorities gladly assign posts of confidence. But they are not fit for private nursing because of their lack of general culture and refinement.

In our days high claims are made of a private nurse. There is in the first place her technical knowledge to consider, which should be far more extensive than that of the hospital nurse, because she works more independently, and has greater responsibilities than the nurse in the institution, who always has a sister or a physician to resort to in emergencies. The

private nurse in such case has to trust to what she has been taught.

Then it often happens that the nurse is completely isolated with her patient, or else they spend long hours together, hours which for nervous, chronic, or convalescent patients should be spent in the pursuit of agreeable pastimes. We all know that light handiwork is often prescribed as a part of the treatment, and the nurse, in order to be able to adequately perform her task in that case must be skilled in different kinds of light occupation such as kindergarten, slöjd, needlework, etc. She should further be sufficiently educated to carry on an intelligent conversation upon art, literature, music, or the topic of the day.

The private nurse comes into contact with all sorts and conditions of men. We desire that she shall everywhere be treated as a lady; but in order to bring this about the nurse herself must be a lady. She should be able to readily adapt herself to every circumstance, and possess the dignity and good manners which place her above the level of the domestic servants.

A private nurse will be called at one time to a rich household where she will have no other duty than the care of her patient; another time she will be called to people of moderate means, where she will have to put her shoulder to the wheel, and if it is the mistress who is ill, probably have to take her place. That part of the nurse's work requires knowledge of household economics. But wherever the nurse is, she is responsible for the food of her patient, she must know how to make up a dainty menu, the kind of food allowed to her patient, and how to prepare it. Therefore, she must learn general and diet cooking.

The Psychiatric and Neurological Society in Holland came to the conclusion a few years ago that the certificate it gave to its nurses was no guarantee for the technical knowledge of those who went out as private nurses. It decided to give for the future two certificates. The first one, A, is awarded after a three years' training in mental nursing, and declares the nurse fully qualified for nursing in an asylum. After another year of study a second certificate, B, is given, which states that the nurse is qualified for the more independent work outside an asylum.

I should like to see similar rules established for general nursing. The curriculum for the certificate B of the Psychiatric and Neurological Society includes the same subjects as for the certificate A, but they are treated more in detail, including besides cooking and materia medica. I should wish to add to this curriculum household economics, diet cooking, slöjd, kindergarten, literature, and reading aloud in

\* Read at the International Congress of Nurses, London, July, 1909.



foreign languages. If for these last lessons periodicals are chosen, the nurses will easily obtain a fair amount of general knowledge.

By instituting this longer course of training for private nurses, I trust that we shall acquire a body of able women to whose care by reason of their extensive technical knowledge, culture, and refinement, the public will confidently entrust their sick ones.

### 3d<sup>e</sup> Thoughts of an 3d<sup>e</sup> Matron.

Charles V., after his abdication, is said to have had a passion for timepieces, and the difficulty he found in adjusting his clocks and watches drew from him the philosophical reflection as to the absurdity of his having attempted to make men think alike, when he could not even make two of his watches agree with one another.—*History of Charles V.*

Whether Charles ever really delivered himself of the above obvious truism, he might well have done so, without any particular effort of either wisdom or philosophy. It is a reflection that in some form or another must occur to anyone whose lot in life is to make a heterogeneous conglomeration (Editor, excuse the many syllables) of human beings act together, let alone think alike. It is a good thing that human nature is a trifle stubborn on that point.

Poor Charles! one has sympathy with him. How to secure the uniformity that alone makes concerted action possible without destroying individuality and weakening character is a problem that has worried many and many a well-meaning autocrat. How to make people think alike—for unless they think alike they will only act alike with very half-hearted vigour.

The Vicar of Bray solved the question cheerfully, whole-heartedly, and without any difficulty whatever. He believed firmly in his daily bread and butter, and anything that assured it.

"And whatsoever King shall reign

Still I'll be the Vicar of Bray, Sir."

Would that this cheerful belief that whatever is in power is right, were commoner, or if the dictum that all laws, rules, and regulations promulgated by authority had an aroma of divinity about them were generally accepted, how easy would be the task of even the humblest ruler!

And when we come to work the matter out, why should we think? When the world is so full of people willing to take the burden of thought off our shoulders and decide all the questions that we are too busy to worry about, why disturb our ease? Take the world's self-appointed teachers on trust, they will be very grateful to you, and will give you an unlimited

amount of good advice gratis. True, it may clash a bit. But you have only to pick out the parts that will pay you best, and there you are. Like the immortal Pickwick, shout with the crowd, and when there are two crowds shout with the largest. I will let you into the secret of happiness. It was discovered long, long ago, but the very character of the discoverers has caused them to keep it to themselves; they discovered it by accident, they retain it by accident. Never initiate anything, you will earn much affection and confidence from others because you will have no difficulty in believing or pretending to believe in what you are told. You will never rebel, you will never have doubts, you will always make for the clear and limpid waters. Poets call that state faith or contentment, and praise it as the highest virtue. One poet writes:—

"Look not thou on beauty's charming,  
Sit thou still when kings are anning,  
Taste not when the wine cup glistens,  
Speak not when the people listens,  
Stop thine ear against the singer,  
From the red gold keep thy finger—  
Vacant heart and hand and eye,  
Easy live and quiet die."

Also a great American philosopher has said: "When a man gets perfectly contented, he and a clan are first cousins," and when you reflect on what an excellent bivalve a clam is, how absolutely harmless in his blameless life, you will appreciate the compliment.

Cannot you fancy old Charles V. winding up his watches and clocks, and dreaming of continents crowded with puppets, who thought as he thought, acted as he told them to, dreamt even as he desired them to dream, and being happier in his dream realm than ever he was in the turbulent fighting and contradicting world he actually ruled. And that brings me back rather suddenly to my muttons—in other words, to the original idea with which I started. I have not yet abdicated my little and narrow realm, but I should like to hear from some Matron who has done so how one looks back on the time when one foolishly tried to set one's small world right, if one is more worried over wasted opportunities, fights abandoned, efforts unmade, or whether one has a feeling that one was a bit of a fool to fight at all, and would have had a better time if one had drifted along with the tide! I wonder.

For ever and for ever hangs out the shield over the hostility of life—gold one side, silver the other, and if you have the spirit of a mouse you must up and fight for the side you see; but alas and alas for the unfortunate who see both sides of the shield! Surely, then, it is better to turn one's back on the fray and empty the food sacks of those who are fighting—and

so much safer. Still, let a retired Matron speak.

What was I thinking of when I began to think? Oh, Uniformity—yes, Uniformity—and Individualism and their blending—blending is a good word. I have now, by circuitous routes, it is true, arrived at the thought that was lazily trickling through my mind when I first digressed. Uniformity in the minor details (are there any minor details) of hospital management.

During the Congress last summer I went to a delightful little luncheon party at Miss Stewart's, the Matron of St. Bartholomew's Hospital. The *crème de la crème* of the world's Matrons were present. Need I say that we congregated together and began to discuss The Things That Really Matter? I asked right out, of a distinguished American colleague, of the head of a large London Training School, and other stars of the first magnitude, "Have you achieved uniformity in this detail and in that detail; have you attained to your ideal in your hospital?" And one and all said "No; we have trouble with this, we have trouble with that, and the third point you mention is positively heartbreaking." It was consoling but not comforting, for it seemed as if I were doomed to struggle further with those illusions that are even as realities. In common with me I think they all yearned for the shaving tackle of the renowned Shagpat, with which to shear away the Identical, which is the token and symbol of the Illusion of power.

What Matron does not yearn for the ideal Resident, the pattern Sister, the regulation probationer, and the typical wardmaid? But does Fate ever send a Phoenix flock into our net? Never; I can confidently affirm that. And so we worry on, ever fondly hoping for a time when we shall have not only the power but the capacity of materialising our dreams and of regulating the hospital clocks to a point of perfection.

Thus it is and thus it always will be: the little more—we might have done it—the extra effort beyond our strength, the smallest, the weakest point forgotten, and the whole dam gives way. Anyhow, the end comes, you put on your crown—I beg pardon, you tie your cap strings, you ascend your throne—I mean, take office for the last time, your successor is waiting, eager and ready to show that she can attain uniformity in detail without sacrificing individuality of character. Well, good-by, and good luck to her. You are off to wind one kitchen clock, one dining-room clock, and your own watch—and make them agree.

M. MOLLETT.

## How I Became Matron of St. Bartholomew's Hospital.

A TELEPATHIC TALE.

BY ETHEL GORDON FENWICK.

(Continued from page 64.)

London Hospital Sisters in the eighties had little time to sit down and think. They usually thought of half-a-dozen matters in rapid succession flitting around the wards. At least that was my way. For a week or two following my five minutes' interview with the Treasurer of Bart's I was haunted at intervals with the knowledge that sooner or later I must find time to sit down and write a letter of application for this important post, a letter which must be supported by a sheaf of eulogistic testimonials from medical potentates, in which I must not only present myself to the Treasurer and Almoners of St. Bartholomew's Hospital as an eminently suitable candidate for the post, but with delicately veiled self-appreciation and conviction, as *the* only woman in the world on whom the position could possibly be bestowed with justice and wisdom.

This letter caused me many quibos and flushes, and in the end a very modest epistle was despatched merely stating facts, and conveying an impression that I felt capable of removing mountains (which I did) if given the chance.

As Sister of Charlotte Ward it had been my good fortune to work with such well known and kindly physicians as Dr. Andrew Clark, Dr. Samuel Fenwick, Dr. Langdon Down, Dr. Stephen Mackenzie, and Dr. Thomas Barlow, a liberal education for any nurse, and the fact that my application was endorsed by letters from the majority of these eminent men, expressing generous appreciation of my work, would, I felt sure, be an excuse for my temerity.

Once the little budget was speeding through the post I realised an immense sense of relief. *I had kept faith.*

I now appealed to all my friends to help me, and many, I believe, did so without being asked, but I made no personal appeals. Indeed, I did not even know the names of the four Almoners who, with the Treasurer, formed the selecting Committee.

Several weeks flew by, as they have a habit of doing when every minute is of value, and my somewhat censorious colleagues had begun to hint that pride must have a fall, when one fine day as I was busily engaged at the Lobby table, with sleeves up-rolled, cutting up the scrubbing soap, Nurse

Charlotte hurried through the archway with the information that "there were three gentlemen coming down the ward." The trio just then appeared, and proved to be our Chair-man, Mr. John Henry Buxton, Sir Sydney Watkyn, and (as I learned later), Mr. Croft.

Mr. Buxton explained that Sir Sydney Watkyn would like to be shown the ward. I murmured "charmed," and "I will just wash my hands," which I proceeded to do in the Lobby, then slipping on my cuffs we began a grand tour.

"You won't mind my looking inside drawers and cupboards?" said Sir Sydney. Mind! Rather not. I have always been a very "house proud" person, with a passion for "spring cleaning" all the year round. I had, therefore, allotted to myself in my division of labour the insides of all cupboards outside the four wards. I scrubbed and papered them, dusted and arranged their contents. I liked little orderly schemes in all my arrangements. I must be able to put my hand on a required article in the dark, and by instinct I waged a ceaseless war on dust, long before I realised that death lurked in its particles. Imagine, therefore, with what pleasure I opened these sanctuaries. Drawers, lockers, and cupboards were all inspected, and duly admired. And then I was questioned about the patients, and the reply of "little Empyema" as to whether "she was comfortable?" that "that ain't to be expected, but I'm 'appy," was testimony greatly in my favour. At "Adelaide" door these kind visitors bid me good-bye, Sir Sydney shaking me warmly by the hand, and expressing himself as "very pleased with your ward, Sister, very pleased, indeed."

You can imagine what fun we had at dinner that day—how I tantalised the dear ladies about my visitors, and when I revealed their identity how with persiflage and mock obeisance they insisted upon my being served first. Then we had another spell of quiet, until one morning I received a fateful letter in which I was informed that I was a selected candidate for the vacant post of Matron and Superintendent of Nursing to St. Bartholomew's Hospital, and politely requested to attend a meeting of the Committee on a certain Thursday at no distant date.

I knew slightly one of the Sisters at "Bart's," and about this time I paid her a visit, and spoke with her on the all important matter. From her I learned that "the old Sisters wouldn't stand if for a moment," and, moreover, that "it was a foregone conclusion that Miss V—— was to have the post."

Other funny things happened.

I received letters of discouragement from un-

known persons. One advised me "for your own sake to retire gracefully from so conspicuous a position, and cease competing with Matrons of experience for a post for which your age and appearance entirely disqualify you."

"Why?" I demanded in a somewhat pugnacious reply, and I quoted the exploits of David and Goliath, *le petit Corporal*, Pitt and the Premiership, and the perspicacity of Victoria in her teens!

And of course I did not retire.

Then dawned that dreaded Thursday, and with the dawn, I, poor mortal, awoke to the sound of heart thumps, with every vital nerve a-quiver.

Ah! for the psychological system of the heroine of romance. Come life, come death, what cares *she*? Pale and imperturbable, she scorns the pranks of Fate.

Whilst I—in spite of "Tofield"—looked years younger than I felt.

Face alone the terrible ordeal at "Bart's" I could not, so Sister Rachel went with me, and it was a very chastened little person, who, seated with fellow victims in the Renter's office, awaited interrogation. It only required that the tocsin should sound—a tumbrel rumble under the archway—a key grate in the lock—a *souscoulotte* . . . But why dwell on the torture of suspense? Anticipation is a graceless jade—if only I had known—

But we never do.

(To be concluded.)

## Industrial Betterment.

In a note on Industrial Betterment *Progress* touches on the beneficent schemes for work-people of Messrs. Fr. Bayer and Co., at Leverkusen. Great liberality is shown in their provision for sickness. Not only is medical advice given free, but a Polyclinic has been provided for the treatment of ordinary cases, and a Lying-in Hospital for the wives of workmen, who receive attention, not only during their confinement, but until they are convalescent, and the domestic duties which at such times they themselves are unable to perform, are performed by special helpers sent to their homes at the cost of the firm. In addition to the contribution to the National Sick Insurance required from the employer by law, Messrs. Bayer contribute an extra 50 per cent. Workmen's wives and children requiring change of air are sent to some country resort. Four doctors are regularly employed by the firm, in addition to eleven club doctors.

## The Neatest Nurse Prize.

We have great pleasure in awarding the 10s. Prize for the photograph of the Neatest Nurse to Miss V. James, Home Sister, General Infirmary, Huddersfield, and we feel sure every reader who sees the reproduction on this page will agree that it is well deserved. All Matrons would repeat, no doubt, to see every member of their nursing staffs present such a perfectly nurse-like appearance.

### HONOURABLE MENTION.

Honourable mention is accorded to several photographs in the following order of excellence:—

To Miss K. Walker, South Eden Nursing Home, Palden, South Devon, indoor uniform.

To Miss N. Hobbs, same address, outdoor uniform.

To Miss E. H. L. Dowd, Vergemont Hall, Clonskea, Dublin, indoor uniform.

To Miss Edith K. Roberts, and Miss Mildred Green, a conjoint photograph, Queen's Nurses, and members of the Leicester Infirmary Nurses' League, indoor uniform.

To Miss Florence B. Matthews, Highbury New Park, London, N., indoor uniform.

To Miss E. E. Stone, District Nurse, Kingston, Taunton, Somerset, indoor uniform.

To Miss Blackett, The Sanatorium, Middlesbrough, indoor uniform.

Many other photographs sent in were nice, but several were spoilt by an exaggerated *coiffure*, and infinitesimal caps.

## The Matrons' Council of Great Britain and Ireland.

A meeting of the Matrons' Council was held at 131, Oxford Street, London, W., on January 25th, at 7.30 p.m. Mrs. Bedford Fenwick presided, and Miss

Mollett, Hon. Secretary, reported items of correspondence.

Mrs. Walter Spencer was unanimously appointed Hon. Treasurer of the Council.

The following new members were elected:—

Miss J. M. Orr, Matron, Taunton and Somerset Hospital.

Miss M. M. Macmillan, Matron, Borough Hospital, Birkenhead.

Miss B. E. Ober, Matron, Royal Westminster Ophthalmic Hospital, W.C.

Miss Janet P. Robertson, Matron, Lord Mayor Treloar Cripples' Home and College.

Miss Mary Lord, Matron, Banstead Asylum, Surrey.

Miss C. C. du Sautoy, Superintendent, Somerset County Nursing Association, Q.V.I.L., and Inspector of Midwives.

Miss S. McNeillie, Matron, Princess Louise Hospital, Rosneath, N.B.

Mrs. Tamar Milne, late Matron, Maternity Hospital, Aberdeen, N.B.

At 8 p.m. Miss Musson presented a paper on Hospital Kitchens, upon which there was an interesting discussion, and later Miss Todd's paper on Hospital Laundries was read in her absence by Miss Barton, of Chelsea.



MISS V. JAMES,  
The Winner of the Neatest Nurse Prize.



## The Registration Conference.

A largely attended Conference, convened by Lord Amphill to consider a Nurses' Registration Bill, was held on Tuesday, January 25th, in the Council Room of the British Medical Association, by the kind permission of the Association. Lord Amphill was unanimously elected to the chair. Through the deliberations of those present the progress of Registration was materially advanced. It was decided that these deliberations should be private.

A Central Committee, for the purpose of securing united action in regard to State Registration of Nurses until a satisfactory law has been passed by Parliament, was formally constituted by the delegates of the eight societies present. Lord Amphill was elected Chairman, and Mrs. Bedford Fenwick, and Dr. E. W. Goodall, Hon. Secretary of the Metropolitan Counties Branch of the British Medical Association, joint Hon. Secretaries.

## Progress of State Registration.

### IN AUSTRALASIA.

Touching on the work of the past year, the *Australasian Nurses' Journal* says:—

"In most of the States Bills for the State Registration of Nurses have been considered by the various Parliaments in a form which, for the most part, uphold the standard of nursing. It is a matter for regret that the Commonwealth Parliament does not take steps to pass such a Bill, so that laws for Registration of Nurses may be uniform in all the States. In New South Wales the forthcoming year will in all probability see State Registration an accomplished fact, and there is every reason to trust in a form which shall have regard for the best interests of the general public and the nursing profession.

"Till State Registration exists in all the States our Association continues to conduct the necessary examinations of candidates for registration as trained nurses. That is now no small undertaking in itself, as is evidenced by the fact that 235 nurses have been examined recently, of whom 135 were in New South Wales."

There are now 2,500 nurses on the general and obstetric registers of the A.T.N.A. Let us hope that before another year has passed we shall have begun a reciprocal system of Nurses' Registration between the Motherland and her Dominions. It is high time.

## The £100 Registration Fund.

Miss Macvitie has worked and presented for sale for this fund a beautiful open worked and embroidered white tea cloth. We want £1 1s. for it, and it is well worth it. Please someone feel generous and make it a present to a friend.

## Practical Points.

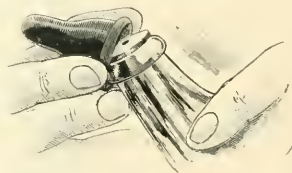
### Practical Appliances for Maternity Nurses.

We have much pleasure in drawing attention to the new and revised edition of "Notes for Maternity Nurses," supplied by Messrs. Allen and Hanburys, Ltd., Bethnal Green, E., which is full of practical information for maternity nurses. It is of a convenient size, bound in red leather, with a pocket at the back for the indispensable pencil.

Many of the notes are very useful to maternity nurses, including an obstetric table, a table on the development of the foetus according to the Lunar months, notes on the preparation of the lying-in room, and the necessities required by nurse and patient, points for the nurse to observe before, during, and after labour, registration of birth, recipes for food preparations suitable for infants and young children, recipes for the sick room, and descriptions of "Allenburys' Infant Dietary, Milk Foods, Malted Foods, the "Allenburys' Malted Food, Diet, panerated Milk-Cocoa, Barley Flour, and Liquid Beef.

Besides these, it contains illustrated notices in regard to a number of appliances most useful in the practice of a maternity nurse, some of which we have pleasure in reproducing on this page.

For instance, the "Allenburys' Food Regulator" consists of a round glass disc, having a small hole in the centre. It is placed, as shown in the illustration, on the top of the neck of the bottle, and the teat then stretched over it in the ordinary manner.

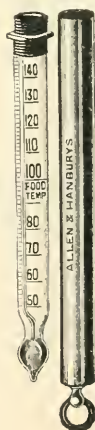


The flow of milk is thus controlled, and there is no danger of the child getting the food too quickly, and perhaps choking over it. These useful little Regulators cost only 2d. each.

The "Allenburys' Teat" is also worthy of note. It is perforated in four different ways, *i.e.*, with one hole for use with the "Allenburys' Milk Food, or milk, and with one, three, or five leech bites for use with foods of varying thickness.

"The "Allenburys' Thermometer, which may be used for the diverse purposes of testing the temperature of the nursery, the infant's bath, and the infant's food, is supplied in a nickel case for the small sum of 1s.

Many other useful articles are shortly described, and the cost given in each case. A form for an infant's weight chart is also appended, most indispensable in connection with a maternity case.



The glass nipple shield, fitted with the "Allen-hurley" teat and procurable for the sum of 6d., deserves to be widely known, and the appliances for giving a vaginal douche, and an Esmarch Syringe, connected with a white porcelain reservoir, with a handle at the side and a hole at the top for hanging, if so required, costs only 8s. 6d.

Further, this munitum in parvo contains much useful postal information, and space for addresses, engagements, cash accounts, and memoranda.

We need only add that Messrs. Allen and Hanbury will be happy to forward copies of the Note Book to any nurses who have not already received them—for the firm has been most generous in distributing them to nurses—to ensure their writing for copies, if they are wise, by the next post.



#### Magnificent Microbes.

A young French scientist, M. Jean Comandon, has succeeded in reproducing magnified microbes on the cinematograph, showing them moving, feeding, and warring against each other in a drop of blood and other habitat. The discovery, which has been reported to the Academy of Sciences, is expected to prove an invaluable aid to bacteriological research. The scale of ultra-magnification employed would represent a flea the size of a six-storey building.

#### How to Wash Out a Patient's Stomach, and what to get ready for that Operation.

Everything necessary must be brought to the bedside before disturbing the patient, viz., mouth gag, lint guards, glycerine, jug of boracic lotion, two basins, two towels, and long rubber tubing with glass funnel attached. The patient sits up, or is propped up, in bed, and a towel spread to prevent soiling the bed-clothes. Another towel is fastened round the patient's neck, one basin is placed on the floor at the bedside and the other on the bed. A lint guard is dipped in the glycerine and the tube lubricated with it; the tube is then passed to the back of the patient's mouth, and he is asked to swallow it, then gently push the tube down the esophagus into the stomach. The other end of tube, with the funnel attached, is now lowered, and the contents of the stomach allowed to run out into the basin on the floor. When the stomach is empty, the funnel is raised above the patient's head and slowly filled two or three times with the warm lotion: let this remain in stomach a few seconds, and then lower the funnel and empty the stomach again. This must be repeated until the fluid returns quite clear.

V. JAMES.

## Appointments.

### MATRONS.

**Hammersmith Union Infirmary, Wormwood Scrubbs.**—Miss Alice Radcliffe has been appointed Matron. She was trained at the Chorlton Union Hospitals, Manchester, and has held the position of Sister at the Sheffield Union Hospital, and of Superintendent Nurse at Hammersmith Union Infirmary, Wormwood Scrubbs.

**North Evington Poor-Law Infirmary, Leicester.**—Miss Linda Kate Masters has been appointed Matron. She was trained at the Whitechapel Union Infirmary, and has been Superintendent Nurse at the Aston Union Infirmary, near Birmingham. Lady Superintendent of the Birkenhead Infirmary, and Assistant Matron at the North Evington Infirmary, Leicester. She is a certified midwife.

**Schiff Home of Recovery, Knowle Hill Park, Cobham.**—Miss Margaret Traill has been appointed Matron. She was trained and certificated at Guy's Hospital, S.E., was Sister for eighteen months at the Royal Hospital for Sick Children, Edinburgh, Sister of Mary and Esther wards at Guy's, and has been Matron of the Royal Surrey County Hospital, Guildford, from 1904 to date. Miss Traill holds a certificate for Midwifery, and the Guy's Medal for five years' service.

**Morningfield Hospital, Aberdeen.**—Miss Adelaide MacLean has been appointed Matron, in succession to Miss Massie who has resigned. She at present holds the position of Sister in the institution. She was trained at the Royal Infirmary, Aberdeen, and has had some experience of private nursing.

### SISTERS.

**London Homœopathic Hospital, W.C.**—Miss J. E. Roberts has been appointed Sister in the Outpatient Department. She was trained at the Beckett and Barnsley Hospital, and has held the position of Sister at the Royal Hospital, Sheffield, Sister at the Cumberland Infirmary, Carlisle, and Sister at the Royal Infirmary, Bradford. She is a certified midwife.

**Royal National Hospital, Ventnor, Isle of Wight.**—Miss Anne R. Thompson has been appointed Sister in a Female Division. She was trained at Guy's Hospital, and holds its medal for five years' service. She was Sister for two years at the Royal National Hospital for Consumption, Newcastle, Co. Wicklow, Sister at the Rest for the Dying, Camden Row, Dublin, and has also done holiday duty for the Matron at the Drumcondra Hospital, Dublin.

### NIGHT SISTER.

**General Infirmary, Macclesfield.**—Miss Hilda K. Marlow has been appointed Night Sister. She was trained at Oldham Infirmary, where she has held the position of Staff Nurse. She has also been Staff Nurse at the Warrington Infirmary and Dispensary.

### NIGHT SUPERINTENDENT.

**General Hospital, Leith.**—Miss Margaret Leuchars has been appointed Night Superintendent. She was trained at the Royal Infirmary, Dundee, where she has held the position of Assistant Night Superintendent.

### QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Miss H. C. Johnston, Staff Nurse, is confirmed in her appointment, her period of provisional service having expired.

The undermentioned ladies to be Staff Nurses (provisionally):—Miss M. M. Davies, Miss E. S. Killery, Miss J. D. C. McPherson (Jan. 1st).

### QUEEN VICTORIA'S JUBILEE INSTITUTE

*Transfers and Appointments.*—Miss Beatrice Exton, to East London, Central Division, as Superintendent, Miss Emire Hitch, to Gentleshaw and Longdon; Miss Fanny Mellor, to Handsworth; Miss Annie Orme, to Swinton; Miss Harriet Richards, to Leicester; Miss Louise Hozarth, to Wisbech; Miss Dorothy Grey, to Brixton; Miss Inge Brochner, to Weston-under-Penyard.

### IRISH NURSES' ASSOCIATION.

The following members of the nursing staff, of Sir Patrick Dun's Hospital, Dublin, have joined the Irish Nurses' Association:

Sisters M. Berry, M. Stanley, C. M. O'Toole, Nurses J. Mulhall, R. Crilly, M. Jessop, B. M. Williams, A. J. Beveridge, M. G. Scott, S. Donagher, H. E. Acherson, E. Blackmore, K. Lanktree, J. S. Deacon, C. McIlwaine, J. Drew, C. Tuohy, L. Oldham, O. O'Neil, A. G. Maguire, P. Gilmartin, R. Niggle, A. Turnbull, M. Graydon, A. B. Long, A. Meredith, A. McGarry, M. Keane.

### A COURSE OF LECTURES ON MILK.

An interesting course of Lectures on Milk is to be delivered at the South-Western Polytechnic Institute, Manresa Road, Chelsea, S.W., by Dr. Harden, F.R.S., of the Lister Institute, which will take place on Thursday evenings at 7.30 p.m., beginning on February 3rd. At the conclusion of each lecture practical demonstrations will be given in the chemical laboratory. The fee for the course is 2s. 6d. All information can be obtained from the Secretary.

### WEEK OF SPECIAL MEETINGS FOR NURSES.

A week of special meetings for nurses is to be held at the Passmore Edwards' Settlement, Tavistock Place, W.C., under the auspices of the Nurses' Missionary League, from Monday, February 14th, to Saturday, February 19th. On the first five days the meetings will be held from 10 to 11 a.m., and in the afternoon from 2.30 to 3.30 p.m. On February 14th the speaker in the morning will be Miss J. Mactee, B.A. (Bedford College), and in the afternoon Miss D. Burroughes (Guy's Hospital). On the following days the speakers are reversed each day. On Saturday, February 19th, there will only be one meeting, at 2.30 p.m., when the Chairman will be Miss W. Sedgwick (Somerville College), and the speakers the Hon. Florence Macnaghten (Addenbrooke's Hospital), and Miss D. Burroughes.

### THE PASSING BELL

We regret to record the death of Miss Florence Isabel Lodge, of the Darwin District Nursing Association, who contracted enteric fever while nursing a patient. Miss Lodge was a native of Hawes, and received her professional training at the Royal Infirmary, Lancaster. She has also been connected with the Salford District Nurses' Home.

## Nursing Echoes.



Miss Marion Dashwood, National Head of the Nurses' Union, Y.W.C.A., issued invitations to an "At Home" at 5, Cambridge Gate, to members of the Nurses' Union and their friends on Friday, January 21st, to which many responded, and a very pleasant afternoon was spent. During the course of the afternoon several addresses were given. The speakers included Mrs. C. T. Studd, who spoke of life in India, and Mrs. Scharlieb, M.D., who spoke of the Nurse's Cap and Apron, their Symbolism and Use, was listened to with close attention. Some battles are, she said, called "soldiers' battles," and all surgeons recognise that many results are due quite as much to nurses as to themselves. Dr. S. H. Habershon, who gave the concluding address, spoke of the controversy which took place some 60 years ago as to the origin of life, *i.e.*, whether spontaneous generation could take place *de novo*, or whether life could proceed only from life. Pasteur, Tyndall, and others had convincingly demonstrated the latter, and many years ago Harvey had asserted the fundamental truth *omne vivum e vivo*.

So with the spiritual life, it could only proceed from union with the Christ life. If there was this life within there was spiritual growth, but spontaneous generation was as impossible in the spiritual as in the natural life.

At the conclusion of this address those present said good-bye to their kind hostess, who was untiring in her efforts to make the afternoon a most pleasant one.

Miss Gregory, the Matron of the London Fever Hospital, has now vacated the position, and we are glad to know that her work for the improvement of the nursing and the maintenance of better discipline was appreciated by the nursing staff. Before she left she was presented with a handsome brass inkstand by the nurses, who expressed their genuine sorrow at her departure, as a "token of esteem," and with a silver travelling clock by the maids as a "token of respect."

It is an open secret that Miss Gregory, who succeeded a Matron suffering from chronic ill-health, since deceased, found many things which needed rectifying on taking up her position as Matron, but those of her colleagues

who know her will be sure that her duties were discharged in a quiet, conciliatory, and conscientious spirit throughout, though the last-mentioned quality evidently aroused a certain amount of resentment on the part of some of those who worked under her.

A most obsolete and unwise arrangement at the London Fever Hospital is that the Matron, who is a permanent officer, works under the Resident Medical Officer, who holds office only for two years, and is generally a junior member of his profession, and it is to the credit both of Miss Gregory and of the present R.M.O. that their relations have been of a friendly character. It is not so greatly to the credit of the Committee of the Hospital, from whom Miss Gregory might reasonably have expected support, that her endeavours to maintain efficiency in her department should have been so ill-requited.

It is rumoured that another Matron will not be appointed, but that each Sister will be responsible for her own special sphere. It is in the case this "go-as-you-please" method may appear to the Committee to effect a saving in the salary and emoluments of an officer of whose value they are apparently unaware, but we venture to predict there will be more than a corresponding increase of expenditure in other directions, while the patients will certainly suffer from the lack of an official head to the nursing department of the institution.

At a well attended meeting of the Beckington District Nursing Association, held recently, the advisability of securing the services of a trained and certificated nurse-midwife for the Beckington district was discussed. The meeting was addressed by Dr. Evans, Miss E. L. C. Eden, and Miss du Santoy, County Superintendent for Somerset, Queen Victoria's Jubilee Institute. Miss du Santoy, who spoke admirably, explained that there were two kinds of nurses—fully trained Queen's nurses, and village nurses with a year's training in district work. She strongly advocated the appointment of the former, and it was unanimously agreed to procure a certificated nurse-midwife for the Beckington district, and that a committee be formed to collect funds, and organise the work.

At the conclusion of the meeting, Miss Eden showed the interesting exhibits of the Nurses' Social Union in connection with district nursing, which she had kindly lent.

Professor Rankine presiding in the City Chambers, Edinburgh, at an adjourned meeting of the court of contributors to the Royal Infirmary, Edinburgh, said that probably the

contributors would next year be asked to sanction a pension scheme for the employees, and also a revision of the present rules and regulations.

The Council of the St. Andrew's Ambulance Association, says the *Scotsman*, have awarded their silver medal for bravery for saving life on land to Miss Sophie Macpherson, Westminster Training School, Queen Anne's Gate, London. On 17th March, 1909, the Princess Christian Mission in Freetown, Sierra Leone, was burned to the ground, the whole building being destroyed in 20 minutes. Miss Macpherson, who was then a Sister in the hospital, was walking through the grounds when she observed that the building was on fire. She at once ran to the hospital, and succeeded in making her entrance through the nurses' residence. The native nurses unfortunately became excited, but Miss Macpherson got the patients out of bed, and pushed and carried them down the outside stair and into a place of safety. She returned several times, in spite of the smoke and flames, and ultimately succeeded in saving all the patients (seven in number) before the arrival of outside help. Miss Macpherson, who was trained in the Western Infirmary, Glasgow, has suffered much in health owing to the strain undergone in the course of her heroic efforts on this occasion.

Christmas festivities are only just at an end, and children at the Mairfield House, Gullane, Convalescent Home, N.B., had a gala day on the 19th inst., when Mr. and Mrs. Whitelaw presented them with a lovely Christmas tree. The tree was dressed and managed entirely by the Misses Whitelaw, Spier, and Kynloch, all of them wearing fancy dress, which added greatly to the picturesque scene and delight of the little ones. Miss Iris Whitelaw called each child by name, when a Fairy appeared and gracefully led the child to the tree, where another Fairy gave him, or her, a toy; an Esquimaux then stepped forward with a basket of fruit and crackers, accompanied by a Flower Girl, who distributed bunches of lovely spring flowers to every child and nurse. When that was finished the young hostesses and others joined in a merry dance with the children in the Glass Room (which is the chief feature of the Home), this having been prettily decorated with evergreens and Chinese lanterns by the nurses. The music was supplied by a gramophone, kindly lent for the occasion. Mrs. Spier gave the tea, which consisted of a "lucky" cake, and all sorts of good things, with a tiny Christmas tree and "Father Christmas" etc.



the table. On behalf of the members of the Convalescent Home, Dr. Ewart proposed a vote of thanks, in a few well-chosen words, to Mr. and Mrs. Whitelaw and all friends from North Berwick for their kindness in giving the treat, and expressed the deep regret felt by everyone that Mrs. Whitelaw was prevented through illness from being present. In reply Mr. Whitelaw said it had given them much pleasure to give the treat, and if the children had enjoyed it, and it had been the means of bringing the Home to the notice of others, Mrs. Whitelaw's wish would be doubly recompensed. Afterwards a lady suggested that she would like to invite some of the children to her house for a garden tea in the summer, and a gentleman arranged to give a magic lantern show in a fortnight. The visitors, numbering about thirty, were then entertained to tea by Sister Hurlston and the Nurses, and this ended what one little girl described as "the happiest day of her life."

Last month the Countess of Dudley addressed a most influential meeting at Melbourne in the ballroom of the Federal Government House, on the Australian Bush Nursing Scheme. Lady Dudley said that she desired that the scheme should be in every sense Australian, and it deserved the best consideration of Australian patriots. The project was to extend district nursing to country districts. In dealing with the subject of this scheme, she would like to lift it at once to a higher plane than that of mere expediency, and infuse into even its earliest beginnings something of a spirit of patriotism and of national duty.

The nurse-members of the Royal Victorian Trained Nurses' Association were recently entertained at the State Government House, Melbourne, by Lady Gibson-Carmichael, who, as reported by *Una*, referred to the most interesting exhibition which had taken place in London in connection with the International Congress of Nurses, which she briefly described. She felt, she said, thrilled when she heard of it, and could not help hoping that in the future a similar exhibition might be held there, to show what nurses could bring in the way of education, comfort, and alleviation, to many who had a brave life of hardship and self-denial, and who have too often to face those hard moments of birth as well as of death unsoothed by any help from a nurse, and sometimes with no other woman near them.

There can be few greater joys in the life of a nurse than to know that she has been able to render help in extremity to those who otherwise would have had no assistance.

## The Hospital World.

### A HOSPITAL TO TEACH STRAIGHT THINKING.

Planned last spring in the hope of "ministering to minds diseased" the New York Neurological Institute has, says Miss Mary Brown Sumner in the *Survey*, become a reality. According to the statement of its purposes prepared in June by Dr. Joseph Collins and two fellow physicians, the hospital was to be for patients with so-called functional curable nervous and mental diseases. Such disorders if left uncared for or cared for in the hurried slipshod manner of the ordinary dispensary—five minute consultation with the doctor and a bottle of medicine—are in danger of becoming more dominant, until finally they control the patient imperiously, and he passes into the incurable class. The long, sympathetic care necessary for recovery, the treatment by suggestion, the proper environment, sun and air—all these things can be provided for the rich patient, but not for the poor. And the poor, struggling against an unpropitious environment, need care infinitely more. They need furthermore "to be taught how to live hygienically, how to think straight, how to pluck out fear, apprehension and obsession and to put in their places courage, hope and confidence." That such an institution as the New York Neurological Institute was indeed a response to a great need in New York was shown by the fact that on the day the dispensary opened (November 29th) no less than fifty patients reported, and these were not sent from other dispensaries, but had seen a notice in a daily paper and recognised this as a hope of relief from those mental sufferings which cannot be cured by medicines, but which are not paralleled in intensity by bodily suffering. The daily attendance now averages eighty. There are twenty-five patients in the wards and private rooms, in fact, as fast as wards and rooms are ready for occupancy they are filled.

The hospital occupies the building at 149-151 East Sixty-seventh street, formerly the Lenox Private Hospital. This is a well-equipped fireproof building of five stories, with a capacity for about seventy-five indoor patients, a small operating room, small provision for medicines, but the first complete equipment in America of apparatus for the treatment of nervous diseases. The whole lower floor is devoted to the dispensaries and the psychotherapeutic rooms. First of these rooms is that for the treatment of locomotor ataxia. Here by means of diagrams on the floor, supplemented by exercises at home the patient is taught to replace the automatic nervous reflexes per-

verted by his disease, by definite mental action he is, in other words, made to re-teach himself how to walk or move. Next is the hygienic room where baths of every conceivable variety, light, hot air, electricity, Nauheim steam, hot or cold water, are being given daily. Beyond this is the suggestion room, the core of the whole system. Here it is that the opportunity is given the physician to "study the patient's mental make-up, to unravel the complex mental and emotional states that accompany his condition, to find the underlying cause of which these states are but the expression, to make the psychoanalysis." Unlike medical dispensary work such treatment demands time, patience and infinite sympathy from the physician. In the suggestion room is a delicate apparatus for registering the effect of the emotions on the nerves. Other rooms contain the X-ray for diagnosis, the violet ray for the treatment of neuralgia and other painful nervous diseases, the Zander system of mechano-therapy for improving the circulation and general health by various forms of exercise and massage, and the static machine for electrical treatment.

In connection with the work of the dispensary there is a body of nurses, or rather "trainers" especially equipped for work with nervous patients, men and women with patience, sympathy, and adaptability, a practical knowledge of hygiene and of treatment by exercise, massage, and suggestion. A corps of social workers who will carry the treatment into the patient's home is also soon to be organised with the help of Edward T. Devine, who is one of the trustees of the hospital. In time it is hoped that a sanatorium in the country can be started, not a place of melancholy and monotony like the ordinary sanatorium for nervous cases, but a bright and happy home, run on a co-operative basis for convalescent patients.

Mental healing, Christian science, the Emmanuel movement were the first responses to the demand for the treatment of nervous disorders in America. The Psychiatric Department of the Massachusetts General Hospital put the utilisation of the emotions on a scientific basis and it is believed that the New York Neurological Hospital with its splendid equipment and its training department for nurses and physicians will help solve the problem of the relation of mind to disease.

There are accommodations for thirty-five free patients in its wards; the prices for pay patients are from ten to one hundred dollars a week. The medical staff includes among its members most of the prominent neurologists in New York.

## Reflections.

### FROM A BOARD ROOM MIRROR.

Knowle Hill Park, Cobham, Surrey, has been secured for the Schiff Home of Recovery, a scheme brought to fruition by the indefatigable work of the Earl of Lytton, the Chairman. The Home, the idea of which originated with Miss Fraser-Tytler, is to provide special accommodation for that large class of surgical patients, not well enough to perform their duties on being discharged from the general hospitals, and yet not requiring such active surgical help as will justify their being retained as in-patients when more urgent cases are awaiting admission. Between £30,000 and £40,000 had been subscribed on behalf of the scheme when it was made possible by the munificent gift of £100,000 from Mr. Ernest B. Schiff, of Carlos Place.

Knowle Park Hill is an ideal place for the Home, standing in its own lovely grounds of 48 acres, and when a wing has been added there will be room for 70 to 75 patients, all of whom will be sent from seven of the principal London hospitals. Colonel J. W. Wray, of Guildford, has been appointed Secretary-Superintendent of the Home, and Miss Traill, Matron of the Royal Surrey County Hospital, Guildford, has been appointed Matron.

From the annual report of the Leicester Infirmary we learn that the year past has been a prosperous one, as it has also been a year of great activity and usefulness. No less than 3,207 in-patients have been admitted. It was a cause for the greatest congratulation that the income had been sufficient not only to meet the expenses of the year, but to extinguish the deficiency on the accounts of previous years, brought forward to 1909—£2,726—and to leave a small credit balance. The total income for the year available for current expenses was £21,822, against £18,874 in the previous year. This substantial and gratifying increase was mainly due to three sources—(1) The Hospital Saturday Fund, which to date showed a total of £12,850, compared with £12,250, of which £8,715 was available for the needs of the infirmary, as against £8,301 in 1908. (2) The year had been most satisfactory from the point of view of legacies, which had amounted to £3,941, against £850 in 1908. (3) Investments had produced £600 more than in the previous year, owing to the timely and generous benefactions of the late Mr. Samuel Odames. The income from annual subscriptions was somewhat disappointing. The expenditure for the year was £18,793, against £18,874 in 1908. In conclusion, the report referred to the approaching opening of the new ward of 33 beds, and the new nurses' home, and pointed out that £3,000 extra would be required for the annual maintenance of these two additions, and made an appeal for increased support, especially from the outlying districts. Of the £100,000 expended on the reconstruction scheme, all but £2,850 had been promised.

To secure that the charities shall be used by the right people, it was proposed at the annual meeting

of the Leeds Hospital for Women and Children that during the coming year, in conjunction with the general infirmary and dispensary, to appoint an Almoner for six months as an experiment, with a view to seeing how much work could be organised.

The Salford Guardians have, with the concurrence of the Local Government Board, decided to appoint a Medical Superintendent at the Hope Hospital, Salford, with two Assistant Medical Officers.

By a printer's error in dropping a line of a footnote attached to an article on "Neurasthenia from a Nurse's Point of View," read before the Canadian Society of Superintendents of Training Schools, which we recently printed, it thus omits to state that the article had appeared in the *Canadian Nurse*, the official organ of the Society. With such a crop of lay nursing journals making money out of nurses, the official organs cannot be too particular in clinging tenaciously to their own property.

Unfortunately the signature "V. R." was dropped out recently in the same manner from an article by our Dublin correspondent.

### Legal Matters.

#### KENEALY *versus* LORD NORTHLIFFE AND THE ASSOCIATED NEWSPAPERS, LTD.

The action brought by Miss Annesley Kenealy, a lady journalist of distinction, as well as a trained nurse, who has held appointments both in this country and in America, against Lord Northcliffe and the Associated Newspapers, Ltd., for breach of contract and damages for wrongful dismissal, was full of live interest. The case was heard in the King's Bench Division before Mr. Justice Darling and a special jury. In the first place, the fact that Miss Kenealy conducted her case in person aroused great interest, and no one could listen to the way in which she opened and conducted it without realising that the legal disability which at present disbars women is an unjust one, and that the talent necessary to successful practice is not the sole prerogative of the sex to which such practice is at present restricted. Throughout, Miss Kenealy showed great legal acumen, and her melodious voice and polished diction made her speeches a pleasure to hear, so that Mr. Rufus Isaacs, K.C., counsel for the defence, was compelled to admit that the lady had advantages which the other sex did not possess.

Miss Kenealy, who obviously throughout the case was suffering from a sense of injustice, claimed that she had been appointed co-editor with Lord Northcliffe of a "Humanities Department" in the *Daily Mail*, a department with which subject she was well qualified to deal. This the defendants denied, declaring that no such department was ever created, and that the articles which appeared in the paper written by Miss Kenealy were ordinary contributions, and paid for as such. Certain it is that she contributed articles on Prison Children and other subjects which would fall under this heading; that she visited the London Hospital, and wrote articles calling attention to the

maternity work at that hospital on Lady Derby's Baby Bundles, Eight Hundred Slum Babies ask for help, and others; and that their financial value to the London Hospital was so important that the Committee passed her a special vote of thanks.

Miss Kenealy, who had no written contract with the defendants, alleged that after her visit to the London Hospital, where the Chairman, the Hon. Sydney Holland, elicited from her that she had anti-vivisection views, of which he subsequently complained to Lord Northcliffe—a charge denied on oath by Mr. Holland in the witness-box—she was in effect summarily dismissed by being "frozen out," which was, she alleged, a method by which undesired members of the staff were got rid of in the *Daily Mail* office. This, again, was denied by Lord Northcliffe. The moral clearly is, that journalists should have their contracts in writing, and should carefully file them.

That correspondence did pass between Lord Northcliffe and Mr. Sydney Holland is evident from the unfortunate comment on Miss Kenealy's appearance, when she visited the London Hospital, in the "jocular communication," disclosed by Lord Northcliffe, with apparent reluctance, upon the direction of the Judge, Mr. Justice Darling. Lord Northcliffe then said his impression was that Mr. Holland wrote: "Why did you send this old Guy Fawkes down to worry me?"

The letter was certainly not written for dissection in the cold atmosphere of a law court, and it seems a pity that its contents should ever have been divulged there. We are not surprised that Miss Kenealy's sense of humour did not agree with that of Mr. Holland.

Certainly, however, such a remark must be prejudicial to a woman worker when made to her employer by the Chairman of a hospital whom she is sent to interview, and in the witness-box Mr. Holland admitted that he regretted the expression he had used as to her personal appearance. He did not mean to harm Miss Kenealy, and it was quite untrue to say that he said he would get her dismissed. The plaintiff then inquired whether Mr. Holland thought it kind to represent her to her employer as an ugly valentine, or a music-hall artiste.

Pressed by Miss Kenealy to explain what he meant in his letter to Lord Northcliffe, Mr. Holland said that she was over-dressed, that she was wearing the biggest hat he had ever seen, a considerable sized wig, and an immense amount of jewellery. On Miss Kenealy's asserting that she hardly possessed any jewellery, Mr. Holland retorted that she must have borrowed it.

All of which shows the disadvantage under which a lady journalist labours if her taste in dress does not coincide with that of her clientele, for an eccentricity of dress in a male interviewer would certainly not have elicited similar comment.

Asked by the Judge if she had not vivisected Mr. Holland enough, Miss Kenealy replied: "My Lord, it seems to me that he has vivisected me as very few women have been vivisected in a public court."

A dramatic moment occurred when the Court adjourned at midday, and two of Miss Kenealy's

esters informed Mr. Holland in unmistakably explicit terms what they thought of him. In quiet but incisive tones they informed him that they thought him "the biggest blunder they had ever met," and Mr. Holland replied that he was glad they would.

The plaintiff lost her case, indeed the jury could have found no other verdict than one for the defendant in view of the lack of documentary evidence in support of her claim.

In the course of the case several references were made to the House of Lords, but a worse danger than the possible antaeracy of a House of Lords threatens the country in the great Press Trusts which are now being established.

#### THE EFFECT OF DISORGANISATION.

So great is the disorganisation of the nursing profession at the present time that it is quite impossible for this journal, with the space at its disposal, to deal adequately with all the legal cases which arise. We propose to refer to several, to which we cannot afford space this week, in our next issue.

### A Library of Nursing Literature in New York.

We have received the following letter from Miss Nutting:

Teachers' College,  
Columbia University.

DEAR MRS. FRISWICK, I am anxious to try and build up here in New York a good reference library of nursing literature, which will be available for nurses both at the College and in the city, who at present have no access to any comprehensive collection on this subject. If at all possible I should like very much to secure a full file of the *BRITISH JOURNAL OF NURSING*, and shall be glad if you will let me know if this can be done. We counted as one of our most cherished possessions such a file which we have in our library at the Johns Hopkins Training School at Baltimore, and I want very much, if possible, to reproduce it here.

Believe me, with kindest regards,

Faithfully yours,

ADELAIDE NUTTING.

A full file of this Journal now comprises 43 volumes, and we are able to supply all Miss Nutting requires with the exception of Vol. III., July 10th, to December 26th, 1889, inclusive. Has anyone a bound volume they wish to sell, or single copies for July, August, September, and December of that year? If so, please communicate with the Editor at 20, Upper Wimpole Street, London, W., as we desire very earnestly to supply a full file for Teachers' College. Three separate files are being generally kept in this country, one of which belongs to the Library of the International Council of Nurses. When we are all dead and gone no doubt a future generation of Registered Nurses will appreciate a peep into the pages of the Journal which won them their legal status.—Ed.

## Outside the Gates.

### WOMEN.



Lady Constance Lytton has a keen sense of humour as well as a lively spirit, and her little ruse to prove to the Home Secretary that a ladyship's heart is too weak for prison routine, that of "Jane

Wharton" is tough enough has succeeded perfectly. When sent to prison as a Suffragette at Newcastle, last October, she was at once released upon the advice of a specialist. But during incarceration under an assumed and common-place name at Liverpool, the prison doctor pronounced her physically fit to endure her sentence! This is what Mrs. Pethick Lawrence calls "political snobbery," and Lady Constance agrees with her. As soon as the secret leaked out that "Jane Wharton" was a lady in her own right, by order of the Home Office Lady Constance Lytton was at once released. We learn that she states she has suffered gross insults (at least Jane did) at the hands of some of the prison officials. By condoning the unauthorised use of the fire hose on a defenceless woman prisoner at Manchester the Home Secretary has in effect given *carte blanche* to ruffianly officials to ill-use these "political" offenders as they choose.

It is stated that Sultan Abdul Hamid has recently made up his mind, at the age of 70, to be vaccinated. Being a cautious man, however, he first had the procedure carried out on the ten wives left to him out of his former populous harem, and on his son.

### A MODEL PRISON.

Miss Rosa M. Barrett sends the following interesting account to *Progress* of one of the many prisons she visited in the United States last year:—

"The prison which impressed me most was the women's prison at Sherborne, near Boston. Situated in the country—about a mile from the nearest station—it looks from the outside more like a well-planned factory than a prison. It is surrounded, not by high spiked walls, but by beautiful grounds, the cultivation of which gives employment to many of the women. I think I am right in saying that fruit is largely grown for sale, as well as for consumption by the staff. Inside, the different grades of prisoners have different corridors, but all the windows are large—as large as in an ordinary room—and made to open and look out on a wide view of sky, country, and trees. Does not the voice of Nature in itself carry a word of hope and cheer? Why do we banish it so pitilessly from our prisons? Great efforts are also made to teach every inmate some occupation by which she can earn an honest living on leaving. The uneducated have regular school instruction. The exquisite cleanliness everywhere, the spotless dairy where beautiful butter is made, must help to teach the beauty of purity.



I was specially struck by the trust that was placed in the women, and the way they responded to that trust; punishment is rarely used or needed, discipline being maintained more by rewards than by degradation. No prisoners were in the lowest grade, and all can work up to the highest, while those wearing the large T (for Trust) have special liberty, privileges, and work. The food is not doled out in specified quantities, but each can have as much as she wishes (at all events as regards bread), nor do the inmates eat in their cells, but in dining-rooms, each grade having its own. Crockery is used at the table, not tin vessels and tins, and also proper bedsteads and mattresses, while the fatiguing and useless military plan of daily folding up the bed and bed-clothes is abolished. All are kept busy, and I saw none of our characteristic prison lounging. May not this be partly because the labour, instead of being useless, is made to serve a given and visible end? Another admirable custom was that the women are allowed to carry their library books to the work-room, laundry etc., so that whenever they have a few spare minutes, or their allotted task is done, instead of sitting with vacant minds they can read and occupy their thoughts. Further, the Superintendent gathers the women round her daily for the half-hour's mid-day leisure, thus helping them to forget for that time that they are prisoners, and giving them something high and beautiful to think about, not only in prison, but after they have left. It never occurs to her that they may be disorderly; and they never are. Another act of mercy here is that female prisoners expecting their confinement are sent to hospital, so that the poor baby is not subject to the life-long stigma of being born in prison.

"In the above account I have merely referred to such improvements in our methods as we might adopt without any fresh legislation. Do not we need to replace the seven devils we are trying to drive out of our prisoners by something better? so that if (in the words of the Quaker philanthropist) anyone should say to them, 'Friend, thee should have better thoughts,' no one of them could reply, 'Where shall I get them?'"

#### ALCOHOL AND THE BABY.

A case is reported by the *Lancet* from Oldham which is described as "amazing." Whether it indicates amazing vice or amazing ignorance may be considered doubtful, the probability being that vice and ignorance had equal shares in the proceeding. A woman going to the market left her two children in the care of her mother. On her return she saw one of them, 22 months old, on her mother's knee looking "strange." A man in the room said, "It's drunk; it's been having something to 'sup.'" Then the grandmother stated that the man had given it "some rum and whisky." The mother took the child to a doctor and later to the infirmary, where the house surgeon said the child had been poisoned by alcohol. The grandmother was fined 10s. and costs, and, curiously enough, the man who had given the "sup" was let off.

## Book of the Week.

### A BLIND BIRD'S NEST.\*

"A Blind Bird's Nest" is not a very new book, but a very popular one, for it has attained that sure test of popularity—publication in Collins' 7d. Edition. Like other of Miss Findlater's books, it is well worth reading, but the special object of referring to it here is because of the portrait it contains of a modern nurse. We consider Dickens' inimitable portrait of Mrs. Gamp out of date, and yet—listen—

Here are Mrs. Gamp's orders to the assistant chambermaid of the hotel for the night:—

"I think, young woman, that I could pick a little bit of pickled salmon, with a nice little sprig of fennel and a sprinkling of white pepper. I takes new bread, my dear, with jest a little pat of fresh butter, and a mossil of cheese. In case there should be such a thing as a coveumber in the house will you be so kind as bring it, for I'm rather partial to 'em, and they does a world of good in a sick room. If they draws the Brighton Old Tipper here I takes that ale at night, my love, it being considered wakeful by the doctors. And whatever you do, young woman, don't bring more than a shilling's worth of gin and water, warm, when I rings the bell a second time, for that is always my allowance, and I never takes a drop beyond."

As to easy chairs Mrs. Prig had forewarned her. "The easy chair ain't soft enough. You want us (the patient's) pillow."

Other times other manners. Here is Miss Findlater's portrait:—

An old lady—the rector's wife—is concerned that the nurse shall have all she requires.

"There's no arm-chair she can 'ave, ma'am," said the maid, unless one from the drawing-room or master's study chair, and it's so big; but there's a chair in the blue bedroom now, ma'am, as all our visitors use."

"Yes; but it's a wicker chair, Joan. She says that won't do."

So the rector's chair is hauled up with the aid of the gardener, and the verdict is that it will "do."

"Did you ask her if she would like anything for herself through the night, Joan?" the old lady inquired, anxiously.

"Yes, ma'am, and she said as 'ow any little thing would do. She only wanted just a slice from the joint—cold like—and any cream or fruit as might be over from the table; and she was particularly fond of a custard, and only just a glass of Burgundy along with her supper, and then some bitter ale and biscuits the last thing, and nothing more except just the tray with the syphon, and a small teapot with cream and sugar, and some plain bread and butter, or a bit of muffin, and two slices, or else the loaf, to make herself a bit of toast, and the kettle for 'ot water; and just about a breakfast cupful of fresh milk, with a henamelled pan to warm it in; and if there was any plain, light biscuits she might just 'ave one or two of them.

\* By Mary Findlater (Collins, London and Glasgow.)

and a mouthful of cheese. She said as 'ow she always tried to give as little trouble as possible and make no extry work as could be 'elped. She can eat very little through the night, so might she 'ave a fresh cup of tea brought to her at six, and she'd like 'er bath at eight; and if she might 'ave a light breakfast about 'all-past nine—just a little Quaker oats and cream and some tea and bread and butter; and if there was a bit of cold meat—she wasn't set on bacon, but she was fond of a plain, soft-boiled egg in the country; or a mouthful of Devonshire cream and a muffin, and she 'oped you wouldn't be concerning yourself to make yourself anxious, ma'am, for she's got nearly everything she really requires except the night-light and a black blind for the window—them old-fashioned white blinds is no use. And will we please to wrap each piece of coal in tissue paper, and send up a pair of gloves—any old pair of master's gloves will do, she says—to keep quiet in the room; and the window must be open from the top, but that can be done to-morrow, she says, as it's not lung; and there's nothing else except the spirit-lamp and a shaded light, and two cushions—for the study arm-chair will do very well if she can 'ave a small footstool and a thick shawl and a fur coat." She paused to take breath.

"Very well, Joan," said the old lady, with a faint tremble in her voice; "if you just repeat the things again in order we shall see what we can arrange."

Is there not a strong family likeness between the modern nurse and her prototype?

The honours seem with Mrs. Gamp, for she certainly was the less exacting of the two.

P. G. Y.

#### COMING EVENTS.

*January 29th.*—Meeting of the Executive Committee of the National Council of Nurses of Great Britain and Ireland. To form committees to further the Resolutions passed at the International Congress of Nurses, 431, Oxford Street, London, W., 4 p.m.

*January 29th.*—Catholic Nurses' Association meeting. Convent of the Visitation, Harrow.

*February 1st.*—Lecture on Milk, by Dr. Harden, F.R.S., followed by practical demonstrations. South-Western Polytechnic Institute, Manresa Road, Chelsea, S.W., 7.30 p.m. Fee for course, 2s. 6d.

*February 9th.*—Royal Infirmary, Edinburgh. Lecture on "The Influence of the Mind Over the Body," by Mr. C. W. Cathcart, F.R.C.S. Extra Mural Theatre, 1.30 p.m. Nurses are cordially invited.

*February 15th.*—Written examination of Central Midwives' Board, in London, Birmingham, Bristol, Manchester, Newcastle-on-Tyne, and Leeds. Oral examination a few days later.

#### WORD FOR THE WEEK.

Never say: "It is nobody's business but my own what I do with my life." It is not true. Your life is put in your hands as a trust, for many others beside yourself. If you use it well, it will make many others happy; if you abuse it, it will harm many others beside yourself. JAMES M. PULLMAN.

## Letters to the Editor.



*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in any way hold ourselves responsible for the opinions expressed by our correspondents.*

#### THE HOSPITAL NURSES' LEGAL PROTECTION ASSOCIATION

*To the Editor of the "British Journal of Nursing."*

MADAM.—I have read the correspondence in the *BRITISH JOURNAL OF NURSING* between Lord Inverclyde and Mrs. Fenwick, I totally disagree with any of the advocates, who would place a nurse's certificate at the mercy of her Superintendent. I think there should be a central examining body, and that this body alone should have to be satisfied, and that the hospitals should be regarded only as are the Colleges of Oxford in relation to the University; that it ought not to be in the power of any hospital to grant certificates; and that anyone who has worked for three years in a hospital or hospitals should be eligible to appear before the central examining body. I disapprove wholly of the statement of the Hon. Sydney Holland, that the new system of centralised examinations, now adopted in every other rational profession, will not bring out certain qualities or defects in character. As long as examining bodies are sinful men, and not angels, no examination will. What qualities of character does the law agents', the M.B., the Board of Education examination bring out? And I suppose it is just as important that a lawyer, a doctor, or a teacher, controlling people's money, or lives, or children, be of good character as a nurse? Who ever heard of a medical student being deprived of his degree, or a lady teacher of her certificate, because they were rude to the head of their place of residence, or seen taking a glass of wine, or persisted in keeping a box of matches in their bedrooms?

Our association has only recently been formed, and with us Registration is not the main thing; at the same time, we would approve of any system of Registration that put it beyond the power of a Matron to deduct marks from a nurse's examination because she has broken some despotic rule about not using a candle, or not speaking to a house surgeon in the street, or some other silly nonsense. Similarly, I think we would oppose any system of Registration that insisted on a nurse having to win a certificate from her hospital, as opposed to a central body, or left the length of the training to be fixed by hospitals and not the central board.

It is as scandalous that a superintendent should examine his own nurses as that a solicitor should grant a degree in law (or refuse it) to his apprentice. At the same time, our primary object is not Registration. I did, indeed, ask Lord Amphill to receive someone from our Association, and he said it was not within his power, and that he did

not think we had made Registration a primary object. I replied that we had only existed a few months, and admitted that Registration was not our ultimate aim, but said I should like to be sent at the Conference if possible.

Yet the whole question of hospital administration is rather our concern. Cases like that at Emanuel Hospital, and cases where a grown up woman has actually been ordered, in defiance of the Act of Habeas Corpus, to remain in premises suspended from employers' service, and cases where women leaving a hospital, even with reasonable notice, have been threatened with actions for absurd sums of money, and have been fools enough to pay, although no court ever yet has awarded damages against a hospital probationer for leaving; and cases where nurses do not get copies of the papers they sign, or sign immoral agreements which give the hospital the right to terminate the engagement, but under which the nurse is not supposed to do so, agreements which serve to intimidate nervous girls, but through which a K.C. would put his foot—e.g., there is no agreed compensation in the London Hospital agreement, but if a nurse go they ask her to pay; but if they break their engagement with her, they don't pay her; it is a sort of heads-I-win-tails-you-lose business, which I should like to see fought out in court, as the law is that both should be liable to pay for breach or none.

Yours sincerely,

A. K. PATERSON WINGATE, *Hon. Gen. Sec.*  
London address: c/o. of Lloyd-George, Roberts & Co., 63, Queen Victoria Street, and  
4, Murray Park, St. Andrews.

[This Association was formed after the publicity given to the manner in which certain nurses were treated during and after the Ruchill Fever Hospital controversy, beginning in 1907. We hope to refer to its aims in a future issue. Ed.]

#### THE COLOGNE CONGRESS.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—I quite agree with your correspondent about the necessity for saving money for the Cologne Congress.

But what is wrong with the Post Office Savings Bank? Why should not each one save for herself for that little holiday in 1912?

Yours truly,

ONE WHO IS SAVING.

Heathercroft, Newmarket.

[To save for herself is just what each nurse wishing to attend the next Triennial Meeting of the International Council of Nurses at Cologne should do. But will nurses do this without co-operation and encouragement? The Post Office Savings Bank is the best place for the purpose, and we hope many little accounts will be started for the Congress expenses.—Ed.]

#### THE IMPORTANCE OF APPEARANCE.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—I am enjoying so much reading how you became Matron of Bart's. It is always so interesting to read about real people, and how things really happen. After laughing over the nar-

story of the "Tosfel" bonnet (I do hope it triumphed in the end) I was much impressed with your conclusion "that appearances must be respected" when reading Mr. Holland's evidence in the *cause celebre* of the week. Men seldom judge by anything but appearances and manners when selecting women for hospital posts, and many an excellent woman has been passed over because she has got a red nose, or a nervous manner, or an ugly hat. Evidently the genius of one of our most brilliant women journalists, whose work brought much money to the coffers of the London Hospital, was imperceptible to Mr. Holland, because overshadowed by a style of dress to which he objected. How wise you were, feeling confidence in your own power to do the work of a Matron of a large hospital—to look the part. Deserving promotion you might have missed it had you worn a toque instead of a bonnet! How absurd is the importance conceded to appearances in women.

Yours truly,

C. V. M.

#### PRIMITIVE METHODS IN HOSPITALS.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—Customs in hospitals become indigenous, and are carried on without change from year to year. Tea cups and saucers are used in but few of our "best training-schools," and diet tables and serviettes unknown in many. At food exhibitions we see a display of spotless napery and tempting diet trays, for which prizes are awarded, but where are such trays and diets in use? I have worked in a good many hospitals in this country, and nothing of the sort is offered to sick people in the general wards. Our poor are becoming the worst fed nation in the world, and hospital cooking is notoriously bad. When I was young cottage cooking in England was most nutritious, and the population healthy. The pot contained soup, meat, vegetables, and pudding, and it was good. We should return to this *pot au feu*, if we want to empty hospital wards. And more nutritious "stews" should be served in hospitals, instead of lumps of roasted foreign meat, cold potatoes, and starchy puddings. The one thing above all others that the women patients would enjoy would be their own teapot, and a nice cup and saucer from which to drink their freshly-made tea. Stewed tea in mugs is a very poor substitute for the personal pot. This luxury used to be permitted at Middlesex Hospital, and I hope it is still continued.

AN OLD HOSPITAL SISTER.

#### Notices.

##### RULES FOR PRIZE COMPETITIONS.

AN ARTICLE ON A PRACTICAL NURSING SUBJECT.

We offer £1 10s. for an article dealing with Practical Nursing of from 1,400 to 1,500 words, to reach the Editor, at 20, Upper Wimpole Street, London, W., not later than Saturday, January 29th. By arrangement with competitors articles other than that to which the Prize is awarded may be selected for publication.

Each competitor must enclose her name and address in full.

# The Midwife.

## Pemphigus Neonatorum.

Dr. Margaret Merry Smith, D.P.H., describes in the *British Medical Journal* an outbreak of pemphigus neonatorum occurring in the practice of a midwife in Manchester. She says:—

The disease is not very common, but isolated cases and epidemics occur. Improved hygiene and the use of antiseptic and aseptic methods in midwifery practice have made it rarer than formerly. The characteristic of the disease is that during the first week or two of life an eruption appears on the skin of the infant. The eruption is first noticed as an isolated bulla about the size of a three-penny piece, containing clear or yellowish fluid. This bulla increases in size and ruptures, leaving a raw base. Meanwhile other bullae appear, the size and rapidity with which these develop depending on the severity of the case. Maguire very fully describes the development of these bullae. The site most frequently affected is the lower part of the abdomen and the groins, but bullae may be present on any part of the body except the palms and the soles.

There are two forms—a benign and a malignant—but both may occur in one epidemic. In the malignant type general septicæmia sets in after the bullae have appeared, and the issue is fatal. The umbilicus is probably the avenue through which general infection takes place, the lower part of the abdomen in such cases being extensively involved.

Maguire gives the period elapsing between infection and development of the bullae as two to four days. In the benign type the average duration of the bullae is from two to three weeks. In the fatal cases death may occur any time within three weeks after the onset. In the rapidly fatal cases death may take place in four days. It is not always possible to trace the source of the disease, but it is without doubt contagious, and epidemics in maternity hospitals and in the practice of midwives are described. The bacteriology has not been definitely settled, but it is believed to be a streptococcal infection.

The treatment advocated is to avoid infection of the umbilicus and of fresh skin from the fluid in the bullae; to apply mild antiseptic washes, powders, and ointments, and in malignant cases to give stimulants and apply warmth. The attendant should not wash or handle another newborn child until after thorough disinfection of her hands, person, clothing, and appliances.

### THE PASSING BELL.

We greatly regret to record the death of Dr. Stanley B. Atkinson, the representative of the Midwives' Institute on the Central Midwives' Board, which took place suddenly last week. Dr. Atkinson's attitude to midwives was always a liberal-minded one, and his active participation, and common sense views, in all discussions of the Board will be greatly missed.

## Infancy.

An admirable manual is published under this title, as the first of a series of "National Health Manuals," by Robert Culley, 25-35, City Road, and 26, Paternoster Row, E.C., price 1s. The Editor is Dr. T. N. Kolynack, and the booklet contains a series of articles written by medical experts which, the editor tells us in his preface, are "intended to afford concise and up-to-date scientific presentation of the principles and practices which guide and govern the establishment and maintenance of personal, domestic, and national health."

"As far as possible technical phraseology has been avoided. It is hoped that both in arrangement and in substance these hand-books will be suited to the requirements of all thoughtful men and women."

The first chapter is contributed by the Editor, whose opening words show the importance of the subject. He writes:—

"There is no Wealth but Life," is the great truth which Ruskin has revealed to all students of social progress. Our national treasure is hidden in life's beginnings. The wisdom and wealth of the future lie in the cradle of infancy. All designs for human betterment should begin with the infant. The records regarding infant births, mortality, and morbidity, afford reliable data whereby to gauge the efficiency of a people. The statistics relating to this country are startling. The Registrar-General shows that: 'If a comparison is made among European countries, it is found that in the years 1880-2 there were no fewer than six States in which the fertility of wives was less than that recorded in England and Wales, whereas twenty years later (1900-2) the rate of fertility among married women in England and Wales was, with the exception of France lower than that recorded in any other European country.' Great Britain and some of her Colonies are adopting a policy which is slowly making for social and national suicide."

Dr. J. B. Hellier, Professor of Obstetrics in the University of Leeds, follows with a chapter on "The Anatomy and Physiology of the Infant"; Sir William J. Thompson, M.D., Physician to Jervis Street Hospital, Dublin, writes of "The Hygiene of Infancy"; Dr. James Stewart Fowler writes on "The Feeding of Infants," and Dr. A. Dingwall Fordyce, Extra Physician, Royal Hospital for Sick Children, Edinburgh deals with "Common Disorders of Infancy, and their Prevention."

### DISORDERS OF FEEDING.

In connection with the Disorders of Feeding the writer says:—

Mother's milk is pure and clean; all artificial food must also be pure and clean.

In the dietary of an infant, hand-fed, the three great desiderata are: (a) Cleanliness of food and



utensils; (b) *Simplicity* in composition of food; (c) *Regularity* of meals.

The disorders associated with improper feeding in infancy are: (a) gastro-intestinal affections; (b) rickets and scurvy; (c) anaemia, malnutrition, and general debility.

Cow's milk, diluted with water according to the age of the infant, with a little cream and white sugar added to it, is a suitable food for most hand-fed infants. This mixture should be scalded, and never given after a shorter interval than two hours. Milk is a food and not merely a drink. Plain water is good for the infant, and may if desired, be given freely between meals.

#### VENEREAL INFECTIONS.

Of venereal infections the writer says:—

A peculiar constant hoarseness in the respiration of older infants is frequently due to syphilis. Syphilis is a contagious disease which may be transmitted to the infant from the father through the mother, and yet the mother may remain unaffected. In such a case it is quite safe for the mother to suckle her child, as by some means she has been rendered safe against infection. It is not safe for any other woman to nurse the child. In most cases the mother of a syphilitic baby has syphilis, or has previously had it.

A syphilitic infant very frequently is born dead. If born alive it is frequently strong and well for the first six to eight weeks of life; then the signs of syphilis appear—sores, rashes, and discharges—and such an infant is a source of great danger to its attendants. Steady treatment usually readily cures these symptoms, but the infant's vitality is frequently so low that death results. All sores and discharges from such an infant are capable of communicating the disease. Antiseptics must be constantly employed in handling the infant. One should never unnecessarily handle an infant with sores on its skin, or in its mouth, or discharge from its nose.

Infants, especially girls, not infrequently suffer from a discharge from the genital canal. The condition is usually due to want of cleanliness, and accidental infection in these cases, but the discharge as a rule contains the organism of gonorrhoea, and is consequently capable of spreading this disease. The utmost care and cleanliness are consequently necessary, and it is particularly important to prevent the infant infecting its eyes by its fingers.

#### SCHOOLS FOR MOTHERS.

Dr. Dora E. Lidgett Bunting deals with the above important subject, and says:—

A "School for Mothers" is a training and educational centre where the child-bearing women of the nation may be adequately fitted for their responsible vocation of bringing up healthy children who shall ultimately take their place as useful citizens of the State. Such institutions were established in the first instance to help the poorer mothers of our large towns in the care of their young infants. They now have obviously a wider field before them, and must include within the scope of their instruction all the duties of motherhood not only to babies but to older children and all dwellers in the home. A "School for Mothers" is an establishment to which mothers can come

feeling it to be their own, and where they may obtain not only the advice and sympathy of the teachers, but the encouragement of the company of their fellows.

Dr. F. S. Toogood, Chairman of the Executive Committee of the National Society of Day Nurseries, writes on "The Role of the Crèche or Day Nursery," and Dr. John J. Buchan treats of "Milk Depôts and Kindred Institutions."

#### MILK DÉPÔTS.

A milk dépôt for infants effects a saving of life by its actual results on the infants fed, and by its educational influence on the mother, and the community generally. Clinically, the infants on dépôt milk are found to gain in weight, usually at a surprising rate. As a general rule, an infant, when taken off the breast, at first loses in weight, and the earlier the age at which hand-feeding is begun, the greater is the loss, for a young infant often experiences difficulty in adapting itself to artificial feeding. Infants are found, however, to more rapidly accommodate themselves to the use of humanised and sterilised milk than to other artificial foods, and frequently they gain more in weight on dépôt feeding than on one breast.

#### LAW AND INFANT LIFE.

An interesting chapter on this important subject is dealt with by the late Dr. Stanley B. Atkinson, who shows that the infant—even the unborn infant—has its legal rights.

#### THE INFANT AND THE NATION.

Sir John W. Byers, Professor of Midwifery in the Queen's University of Belfast, deals with this subject, and says:—

The late Professor Pierre Budin, of Paris, told his countrymen in 1892: "Your country has need of all her children, and humanity demands that we should spare no effort on their behalf." For this land as well as for France the question of infant life is a vital one.

#### MUNICIPAL ACTION.

Dr. John F. J. Sykes, Medical Officer of Health, St. Pancras, contributes a most interesting chapter on "Municipal Action in the Prevention of Infantile Mortality." His conclusions are: That the main remedies required are, briefly: (1) The improvement of the health of the expectant mother; (2) the improvement of the health of the suckling mother; (3) the avoidance of premature weaning of the infant from the breast, especially during the summer months; and (4) the protection of the infant from cold, especially during the winter months. It will thus be seen that our knowledge regarding the ultimate causes of preventable infantile mortality, and of the remedies applicable, leads us to converge upon the mother and the home.

#### MORAL ASPECTS OF INFANT LIFE PROTECTION.

Lastly, Dr. T. Arthur Helme, Hon. Physician to the Northern Hospital, Manchester, deals with this question. There is no great mystery in this problem of the protection of infant life. The infant's life depends in the first instance upon the vitality it gets from its mother, and, after that, upon the proper fulfilment of its needs as regards air, food, warmth, and cleanliness. For these it is dependent upon the health, intelligence, and devotion of its mother, and indirectly, of its father.

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X LIV.

## Editorial.

### THE SUCCESSFUL PRIVATE NURSE.

Many qualities go to the making of the successful private nurse, and it is not always the one who is most appreciated as a hospital worker who is most acceptable to the sick public. For this reason, amongst others, the co-operative system is the fairest for private nurses, for in no branch of nursing does individuality count for so much. A nurse who has been engaged in private work for some time, and has proved acceptable to patients, is always in demand, for she has built up a connection, and doctors and patients who know her work are only too anxious to secure her services.

Another nurse, who has not the qualities which make for success in private work, has, on the contrary, to depend upon general calls—not being specially asked for. She therefore may have a considerable amount of leisure time between her cases. When both nurses are working for an institution, for a definite salary, the one who is always hard at work reaps no financial benefit; the nurse who is not asked for has, on the other hand, no incentive to make herself acceptable to patients, and so to secure an increased number of cases. Her salary is secure whether she is at work or not, and she has no anxiety as to board and lodging between her cases—these are provided for her by the institution with which she is connected, and she has besides the liberty and recreation which the hard worker has to forego.

If the two nurses are working on a co-operation, on the other hand, the one gains the reward of her work in securing a larger amount of fees, and in building up a *clientèle* upon which she can depend for future support. She is, moreover, a desirable co-

operation nurse, because she can be sent to a case with confidence, in the certainty that the society with which she is connected will be applied to on a future occasion should a nurse be required, either for her services, or, if they are not available, for a nurse equally good, for she has been careful of the prestige of her Association, and the public apply to it with confidence. Another nurse, equally well qualified, may frequently return from her cases after a short period. If she is wise, she will consider whether there is any reason for this, and realise that when sent to a case it depends upon her own efforts to make herself acceptable to the patient and to the medical attendant. If after a fair trial of private work a nurse finds that she is not asked for, then she should seriously consider whether she is suited for this particular branch of nursing, or whether it would not be well to consider if her talents do not lie in another direction.

It is not given to every nurse to possess the qualities which make for success in private nursing, any more than every nurse has the capacity for managing a ward, or as a successful administrator as Matron and Superintendent of Nursing. Talents are happily diverse; it behoves each individual to discover in what direction hers lie, and then to find her life's work in a sphere for which she is suited. It is useless to persist in attempting to fit the square man to the round hole. It is only productive of annoyance to all concerned, and it is unwise because there is a hole which every man and woman is intended to fit.

It may be, however, that the nurse fails to be appreciated for reasons which are not fundamental. She may be too arbitrary or inflexible in her methods. A few words of practical advice from an older nurse may then be of much value to her.

## Medical Matters.

### GENERAL CONSIDERATIONS ON TRACHOMA.

Dr. Francisco Fernandez, writing on the subject of Trachoma in *Sanidad y Beneficencia*, says in part:—

Trachoma is a mysterious disease, quite overlooked in the majority of cases, and which does not awaken in many cases any suspicion on the part of the persons attacked; a cruel and treacherous disease which sets in silently and stealthily, takes hold profoundly, and is very difficult to eradicate.

As trachoma is one of the most contagious of ocular infections, and since it produces a very large number of cases of blindness, it is not strange that all scientists who have devoted themselves to ophthalmology have made great efforts to discover the cause of the disease and the means of curing it.

Recently it seems as though the transmitting agent of trachoma has been discovered; the eminent German oculist Greeff, who has a private clinic for diseases of the eyes in the Hospital La Charité, of Berlin, and who has written a great deal on his speciality, believes that he has discovered the transmitting germ of this terrible affection which has long been a scourge to mankind. His discovery has not awakened the enthusiasm which was to be expected, and it may be that this indifference, otherwise inexcusable, is due to the fact that it has not yet been possible to confirm in all respects that the agent discovered by Greeff is really the cause of the disease.

Among the various treatments of trachoma, we believe that experience has demonstrated a great many times that real trachoma is not curable by means of medicament brought into contact with the conjunctiva. We have confirmed this repeatedly, and we do not hesitate to affirm that the suspicious case of trachoma cured with medicaments is not trachoma.

It is our opinion that the only treatment which can give favourable results is the surgical, either by excision or incision. Both methods are applicable. Both also have their disadvantages. In a given case one may be preferable to the other, but this is not so in all cases.

The inefficacy of the medicinal treatment and the advantages of the surgical, have been demonstrated, and we believe that it is lamentable to insist on curing authentic trachoma by means of drugs. This is very important in connection with immigrants who are allowed only three months to get cured, and if they do not succeed in getting rid of the disease in that time, are sent back to their country.

Even admitting that the medicinal treat-

ment cures real trachoma, is three months sufficient to bring about that result by the employment of drugs? We doubt it; and we would even affirm that not only are three months insufficient, but that even six months of treatment with drugs would not be sufficient to modify to any extent a case of true trachoma.

We have employed repeatedly the term true trachoma and real trachoma. We mean precisely what we say: we refer to real trachoma, and in no wise to the various states of false granulations which, especially in children, are frequently observed in Cuba, the pathological conditions of which are sometimes diagnosed as real trachoma; and which in two or three weeks are cured, so that we read in the daily newspapers of a notable cure effected by this or the other physician. Unfortunately these cases are considered by some as trachoma, since it is no small merit to have cured a case of this disease in two weeks. We have had the bad luck not to have been able to realise any such wonder.

We honestly believe that in the cases of immigrants suffering from trachoma who are under bond, the surgical operation should be carried out immediately, either the incision or the excision of the palpebral conjunctiva, or both combined. If with one operation the aspect of the conjunctiva is not much modified, the operation may be repeated one or more times, and we believe that the majority of cases may be cured in a given period. We believe that only in this way can these cases be cured in the short space of three months which they are allowed.

In conclusion, we do not consider the statement unwarranted, that the medicinal treatment does not cure trachoma; a few cases may be cured, but the immense majority can only be cured or improved by surgical means.

### PLAGUE INFECTION IN A CALIFORNIAN WOOD RAT.

An addition to the list of animals capable of harbouring the bacillus pestis is announced by Dr. W. C. Rucker in the Public Health Reports of the U.S.A. Public Health and Marine Hospital Service for January 7th, as notified in the *Lancet*. The animal in question is the *Neotoma fuscipes annectens* (Elliot). Several species or varieties of this genus are found in California. They are indigenous, and although called "wood rats" are very different from the imported true rats (*Mus norvegicus*). They are found in wooded localities where they construct elaborate "nests," which are sometimes 6 or 7 feet in diameter and 3 feet high. In the *Neotoma fuscipes* the body and tail are of nearly equal length, each measuring about 8 inches.



## Etiology of Zymotic Enteritis.

Dr. Ralph Vincent, Senior Physician to the Infants' Hospital, Vincent Square, S.W., has written a most interesting paper on the above subject, which is published by Messrs. Ballière, Tindall and Cox. In the preface the author states that in the course of the last ten years he has been engaged in an investigation of the conditions of disease as found in infants. Seven years ago he had provisionally determined the essential causes of zymotic enteritis, or "epidemic diarrhoea," as it is officially named, but was not then prepared to offer any precisely formulated explanation of the relationship existing between the organisms responsible for the disease and the processes by which the disease attacks the infant. Three years later he conceived the explanation advanced in the paper under consideration, but was unwilling to publish statements so diametrically opposed to current opinion and practice until he had tested them by check and counter-check.

Dr. Vincent says, in part, that zymotic enteritis is the most fatal disease of infancy, and despite the advances which sanitation has made in this country, no corresponding improvement is observable in the infant mortality rates. On the contrary, it has been clearly shown by Newman that epidemic diarrhoea (the official name of the disease) is steadily increasing as a factor in the causation of death among infants under one year of age.

Diarrhoea, which formerly caused the death of 10 per cent. of dead infants, has increased in half a century to 15 per cent.; respiratory diseases have risen from 16 to 18 per cent.; and prematurity from 17 to 29 per cent. . . . Other children's diseases are vanishing or have vanished. There has been a vast improvement in the general environment surrounding their lives, but the problem of infantile mortality still remains because of the *increase* in these diseases—prematurity, pneumonia, and diarrhoea.

The group of conditions broadly indicated by the terms immaturity, prematurity, or congenital defect are of great importance, for they show that ante-natal conditions are responsible for a large proportion of deaths occurring in infancy. These deaths are sharply distinguished from those arising from causes that affect the infant after birth by the fact that the deaths arising from congenital defect occur for the most part in the first few weeks of life, and practically all of them within the first three months. The great increase in the proportion of deaths caused by "epidemic diarrhoea" cannot, however, be so accounted for. The disease may attack the infant at any age, but

its greatest intensity of attack is not exercised upon the youngest infants, but upon infants between the ages of four and eight months.

The increase in the proportion of deaths from respiratory disease is probably closely connected with the increase in diarrhoea.

With regard to zymotic enteritis, it is necessary to lay stress upon the fact that the disease is an extremely acute one, and is widely removed in its clinical characters from the chronic digestive derangements from which infants commonly suffer as the result of improper feeding.

The infants most liable to suffer from the disease in its most violent and fatal form are those in whom alimentary disorders have been established for some time. Their condition is one in which the processes of zymotic enteritis find their unfettered opportunity. In some cases it may be difficult to establish the line of demarcation between the simple and the toxic enteritis; nevertheless the clinical types are essentially distinct. The disease is so fatal that the consideration of its etiology, and of the methods by which it may be prevented, is of much greater moment than that of the therapeutic measures to be adopted when the infant is attacked. For, with the most expert treatment available, the recovery of the infant is in reality dependent upon the dose of poison the infant has received, the precise degree of virulence of the poison, and the constitutional vigour of the infant. The disease is most prevalent and most fatal during the third quarter of the year. The higher the temperature of the late summer, the greater the prevalence of the disease, especially if this high temperature be associated with but little rain. In other words, meteorological conditions involving a high temperature with much dust are those which promote the conditions which accompany the greatest incidence of the disease. Other authorities—notably Dr. J. T. C. Nash, of Norwich, and Dr. Niven, of Manchester—have drawn attention to the part played by flies in the dissemination of the disease. Dr. Vincent draws attention to three conclusions of Dr. Newsholme as being of particular importance:

1. Epidemic diarrhoea is chiefly a disease of urban life.
2. Epidemic diarrhoea, as a fatal disease, is a disease of the artisan, and still more of the lower labouring classes to a preponderant extent. This is probably largely a question of social status, *per se*; that is, it is due to neglect of infants, uncleanly storage of food, industrial occupations of mothers, etc.
3. The fundamental condition favouring epidemic diarrhoea is an unclean soil, the particulate poison from which infects the air and is swallowed, most commonly with food, especially milk.

Dr. Vincent believes that in the first place



it is essential to the comprehension of the disease that the common conception that it belongs to the group of specific infectious diseases should be abandoned. *Zymotic enteritis is in no sense of the word an infectious disease, and it cannot be conveyed by contagion.*

This is the key note of the paper, and Dr. Vincent supports this hypothesis by the strong argument that at the Infants' Hospital where over 1,000 in-patients under twelve months of age have been treated, and where babies desperately ill with other diseases, lie side by side with those suffering from zymotic enteritis of an extremely severe type, and all are nursed by the same nurses, *no infant has ever contracted the disease in the hospital.*

Outside the hospital the same thing is seen. At a time when the disease is causing a mortality of some hundreds of infants per thousand in the course of a month or so, there are babies living in the most insanitary conditions who are immune. *They are the breast-fed babies.*

The poor Irish breast-fed babies in a London slum and the babies in the Infants' Hospital have this in common. They are fed on a pure raw milk. Dr. Vincent points out that the infants at the hospital are protected by something much more powerful than isolation, for it is a practical impossibility for the violent fatal disease known as zymotic enteritis to occur in an infant fed on fresh milk. It is essential for the development of the disease that the characteristic properties of the natural food of the infant should have been destroyed by heat, by preservatives, or by some other means. Dr. Vincent emphatically insists on the use of pure raw milk, as opposed to that which is sterilised or treated with preservatives, which destroy lactic acid bacilli or inhibit their action.

The author then proceeds to show how immunity is produced, and everyone interested in the question should secure this important paper, and study it carefully. Later, it is to form part of the fourteenth chapter of the third edition of the "Nutrition of the Infant."

## Conference on Infant Mortality.

The Conference held in New Haven, U.S.A., in November determined, says the *American Journal of Nursing*, that all efforts for the betterment of social conditions must be carried forward. An association was formed for the scientific study of the causes of poverty and its attendant evils. Ignorance and dirt, alcoholism, the social evil, and artificial feeding are the most direct causes of the infant death rate.

## How I Became Matron of St. Bartholomew's Hospital.

A TELEPATHIC TALE.

By ETHEL G. FENWICK.

(Concluded from page 86.)

One by one we went silently and alone into the Board Room, to be interviewed, weighed in the balance, and appraised. Sir Sydney Waterlow, courtly and impressive, was in the chair. I was invited to be seated on his left hand, facing the light. I was introduced, and the Almoners listened in respectful silence to a statement from the chair. I soon realised the situation. I was to be tried before a very dubious jury, and Sir Sydney was my counsel. *He believed in me.*

I believed in myself.

They must believe in me.

Together we were to gain the confidence of the Almoners.

With subtle acumen he presented my case. His line of argument was what might have been expected from a man who had himself conquered circumstance. Tradition—and all the conventions went by the board. Instinct—creative faculty—power of initiative and organisation—forceful personality—these he claimed for me. *Me*, as I was—not as I might be—ought to be—he presented dextrously to them. He questioned me, and I replied. We two bold spirits pranced into the arena; tilted with courage, and unhorsed prejudice.

I realised with satisfaction that I was dealing with business men. They wanted very good value for the trust funds they administered. There was to be no sentiment in their selection. That was safe ground.

Suddenly a spruce little gentleman, as pretty as a pink, bent over the table, and asked in a subdued tone:

"Are you afraid of the old Sisters?"

That question broke a spell.

Dignity took unto itself wings. We laughed heartily, and I warmly defended our vigorous pioneers. I had good reason. Only a few months had passed away since the happy days with those wonderful old Sisters at the "M.R.I." (Manchester Royal Infirmary), all of whom I held in the most affectionate admiration, and regard.

My questioner breathed a gentle sigh of relief, and subsided—but from that moment his vote was mine.

I gathered from further converse that these good men were most sincerely anxious for the welfare of the hospital, especially of the poor patients, and that they must have a Matron

whose paramount duty would be to succour the sick. They alluded to St. Bartholomew's as the "first Royal Hospital," whose Matron was required to uphold the honour and dignity of her great office. She must be an "ensample" in all things.

I left the room greatly impressed with the benevolence of these honourable men.

Each of the candidates having been seen, a message was conveyed to us that the appointment would not be made that day, and we were invited to attend the Committee on the following Thursday. This we did, and this time I went alone. We waited in the Prince's Room, and no doubt silently summed one another up. I came to the conclusion that I had but one powerful competitor.

This was a very slim and elegant woman, who, seated in a lounge chair near the window, calmly read a book. As her little hand regularly turned its pages I was lost in admiration of a temperament so equable or so perfectly controlled.

A sweet grey lady—not that she had beauty—it was charm, just charm, which set her apart.

Little wonder. It was Alice Fisher!

Twenty years later I stood by her honoured grave in the beautiful cemetery at Philadelphia, to which many American nurses make pilgrimage.

Once again, one by one we were escorted to the Board Room, and one by one we re-ascended the eighteenth century stairway to the Prince's Room, and awaited our fate.

We were not kept long in suspense.

Suddenly the door opened and a messenger said politely:

"Miss C—, will you please to step this way?"

Down dropped my heart like a stone in a deep, deep well.

Miss C— arose and nimbly disappeared, but the messenger still stood within. He then named each candidate excepting myself, and like shadows they rose and passed away. He followed, and I was alone.

Two minutes passed. I heard footsteps without. This time the door was opened wide, and in quite the grand manner this veritable Mercury of the gods, smiling, bowed low, and said:

"And now, Miss."

"Oh! you don't mean to say I have got it?"

I questioned eagerly, as I followed him downstairs.

Wilson replied with dignity:

"I believe, Miss, it is the intention of the Treasurer and Almoners to appoint you Matron of this 'orspital.'"

For the third time I found myself in the Board Room.

What passed there can never be written—language is still, and will ever remain, a crude mode of expression. Suffice it to say that with solemnity and a mutual sense of responsibility I was elected on probation Matron and Superintendent of Nursing of St. Bartholomew's Hospital in Smithfield, and that I received the kindly congratulations of those who had done me this honour.

Poets and pessimists have told us that happiness is an elusive element, for ever evading the grasp of humanity. Believe me, this is not so.

Under the archway of that historic hospital, as I lingered for a minute, on that beautiful April day, catching to the left a glimpse of playing fountains and tender green trees, to the right beyond the Gate a sight of the very spot where courage had always conquered hell's fire, I came upon happiness, and I held it close.

#### ENTERTAINING ANGELS UNAWARES.

Mr. George Smalley, no doubt on good authority, states in his "Life of Sir Sydney Waterlow," that the late Mrs. W. E. Gladstone "strongly recommended" me to him for the position of Matron to St. Bartholomew's Hospital.

This comes of entertaining angels unaware.

One day soon after my appointment as Sister of Charlotte Ward, London Hospital, there came a tap on my sitting-room door, and there on the mat stood a tall, sweet-faced, very untidy lady. She greeted me with charming old-world courtesy:

"Are you the new Sister Charlotte?" she inquired; "I am Mrs. Gladstone. Will you be kind to me? Your predecessor always took care of my coat and things during Committee" (the Woodford Convalescent Home).

I, of course, invited her in with pleasure, relieved her of sundry parcels, one glove, and a veritable gamp, and helped her to divest herself of a very seedy sealskin coat, a garment which as it came away in my hands revealed a lining of purple wadding, devoid of any protecting satin. As she slipped off her goloshes I spied a pair of elastic side boots and white cotton stockings!

For these little services rendered I received the smiling thanks of this most unaffected and unconventional wife of a Liberal Premier, who in youth had been the lovely heiress, Miss Catherine Glynne, of Hawarden Castle. She was lovely still, as innate beauty has so little to do with age and clothes.

Mrs. Gladstone's visits to the ward were few

and hurried. She was often a little late for Committee, and did not gossip. Now and then for a fleeting moment our converse verged on the intimate, and the next she was gone.

Once she badly needed a hairpin. I supplied it, and took the opportunity of confining a few stray locks of wavy grey hair, and surreptitiously attaching a hook and eye.

"You have wavy hair, too," she said, smiling; "how do you keep it in bounds? But all your surroundings are neat," and she sighed, and then she added, "Your love of order impresses me greatly."

Nothing more personal ever passed between us. I certainly never solicited her aid when making application for the post at St. Bartholomew's. She did not visit my ward during that time, and she never intimated to me that she had done me a great service. Would that she had done so, so that I might have realised the extent of her kindness, and given thanks.

Thus ends this Telepathic Tale.

Who telepathed that message: "Go in for Bart's?"

I do not know.

## Progress of State Registration.

We regret that eager Registrationists should have been disappointed that no report of the deliberations of the Central Committee on Registration has been published, but we feel sure they will agree that until the Central Committee has completed its conference on the clauses of a Bill, that it is wiser not to make the results, as far as attained, public. We all hope much from this Conference and from the united work of the Central Committee.

It is just fourteen years since the last disastrous Conference on this question was convened by the British Medical Association, when a resolution was passed, by one vote, opposing Registration as inimical to the interests of the nursing profession. Nothing will give us greater pleasure than to wipe out that disloyal vote. We have waited and worked hard for fourteen years to this end.

Miss Mollett has promised that, when a Bill has been adopted—and, we hope, supported by all Registration Societies—she will give an explanatory lecture on it clause by clause, giving the reasons for the inclusion of each. The lecture will be open to all nurses interested in this important professional question, and will, we feel sure, be far from dull. We hope many Matrons will attend and repeat the information to their staffs.

## STATE REGISTRATION IN THE UNITED STATES

The anti-Registration press in this country and the United States have repeatedly announced that State Registration is a failure. To prove the inaccuracy of their statements, we invited Miss L. L. Dock to obtain reliable information for us from those associated with carrying out the provisions of the Acts in force in the United States. We publish below an instalment of replies which she has received, which are, in our opinion, most encouraging.

### NEW YORK STATE.

New York State Education Department.

Inspections Division.

MY DEAR MISS DOCK,—Possibly some figures from the annual report of the Department, just going to print, may be of service to you: 1908—396 candidates for exam., representing 67 schools; 191 passed in all subjects, 351 received certificates, 45 failed, not having secured a general average of 75 per cent., or falling below that standard in more than two subjects; 12 received honours, having passed seven subjects at 909 or over. 1909—625 candidates, 78 schools; 271 passed all subjects, 544 received certificate, 81 failed, 23 received honours. To contrast the figures at a glance:—

Year.	Candidates.	Schools.	In all.	Certif.	Fail.	Hon.
1908 ...	396	67	191	351	45	12
1909 ...	625	78	271	544	81	23

Fifty-seven schools, reporting a total of 701 graduates, entered 501 candidates to the examination. I think one of the strongest points is that the schools ask to be registered, and make the necessary struggle to meet the regulation. We have 122 on our list, and a number have been inspected and told of their needs, and are doing the right and proper act to be recognised. The reason why all the schools are not doing perfect work is no reflection on the law and regulations, but mainly due to the organisation of the individual corporation. These difficulties have to be dealt with individually—no two alike; and this is being done and school after school is being placed on a stronger basis and better standing.

Hastily yours,

ANNE L. ALLINE, R.N.

### CONNECTICUT.

The Connecticut State Board of Examination and Registration of Nurses.

MY DEAR MISS DOCK,—In reply to your letter of recent date, relative to conditions in Connecticut resulting from State Registration, I feel that I can safely say the results are very gratifying. Prior to the enactment of a law, nursing was a sort of a "do as you please" vocation, and the nurses and people naturally suffered the consequences. Under the law the people are protected, and may know whom they employ. The nurses have an "Advisory Board," and the schools are giving a uniform training, thus combining to advance the profession to greater proficiency.

Very truly yours,

R. INDE ALBAUGH, R.N., Secretary.

## Hospital Kitchens.\*

By Miss E. M. MESSON,  
*Matron, General Hospital, Birmingham.*

As the object of this paper is to start a discussion, you will forgive me if it appears somewhat scatty; if it raises several questions, but comes to no conclusive answers upon any one of them. I do not consider myself an authority on the kitchen department. The kitchen department of a hospital is one of a Matron's greatest responsibilities, and frequently the cause of a considerable amount of worry. The difficulties vary in different hospitals, but happy is the Matron who has none. Difficulties are usually connected with the construction of the kitchen, the apparatus, the cook, the caterer, or the committee.

The construction is a matter with which Matrons seldom have much to do. We may have to make the best of a kitchen which is old and inconvenient, or we may rejoice in one which is modern and well arranged. Having had some experience of the two extremes, may I offer one or two hints (learned from both kinds) to any Matron whose advice is being asked about new buildings. Sufficient space for the requisite number of persons to work in must be allowed, but unnecessary space means unnecessary labour in cleaning. Rounded corners and hard highly glazed materials are undesirable in the kitchen as in the operating theatre, and, in the scullery at any rate, there is distinct advantage in a floor which slopes gently down to a drain. There should be as few division walls as possible, and wide, open archways may with advantage be substituted for doors. A kitchen which is divided from the scullery by two doors and a passage is very inconvenient. Larders and store-rooms should be within easy reach, and these doors must be furnished with good locks. The serving room or the part of the kitchen from which food is distributed should be as near the lift as possible. Good ventilation and plenty of light are essential. Artificial lighting must be carefully arranged, else the cook may not be able to see what she is doing because of her own shadow. In a modern kitchen a convenient place should be provided where the kitchen staff may wash their hands before handling food stuffs, also hot and cold water should be laid on in a convenient place for the filling of buckets, and a proper sink provided where they may be emptied. A thing which strikes me repeatedly in new buildings as well as old is the utter absence of convenience for the persons who do the cleaning. It is fatiguing enough to scrub

large stretches of terrazzo flooring without having a long walk at intervals to refill the pail. The water, in consequence, is not changed as often as it should be; moreover, human nature being what it is, if no proper place be provided at a convenient distance, you must not be surprised if, while you are looking elsewhere, the pail is quietly emptied down the vegetable sink, or if your nice new earthenware sink in the pantry becomes scratched and discoloured by the rims of buckets. Friction often arises between the maid servants on account of this want. With regard to apparatus, I think it is generally agreed that for large establishments it is most satisfactory, clean, and economical to use steam and gas. As far as my experience goes, the gas ovens, plates, etc., are very convenient, economical in the hands of a careful cook, and give very little trouble if kept thoroughly clean. With steam apparatus it is different; where it is nice, it is very nice, but it is apt to spring horrid surprises upon the unhappy cook if it is not very carefully looked after, and you are largely in the hands of the engineer. I think an elementary course of engineering (also plumbing) would be a great advantage to a Matron. I am not afraid of the cook, and feel quite competent to instruct any other domestic servant, but when first faced with a breakdown in the steam apparatus of kitchen or laundry, an interview with the engineer was quite an ordeal.

I should advise anyone who had to choose a steaming apparatus to visit as many hospitals as possible to see them in working order, and when both Matron and cook say it is "quite satisfactory," make a note of it. A very small thing will put a steamer out of order; some drains are very small and require continual attention, or they will become blocked with grease or small particles of food—a small fish bone across a valve gave endless trouble before it was discovered. Apparently the steamers vary greatly, and each one should be thoroughly studied and understood before it is used, and regularly overhauled by a competent engineer. Perforated zinc trays are better than wire baskets. When kept in really good order, with a properly regulated supply of steam, the steam cookers are economical and labour saving. Steam jacketed boilers are very useful, and give little trouble.

Even in big kitchens there is often a great absence of labour saving device. With steam, gas, and electricity all at hand, it seems absurd, for instance, to see maids turning the handle of the potato peeler, and if sewing machines can be worked by electricity, why not the mincers, etc. A sufficiency of cooking utensils

\* Read before the Matrons' Council, London, January 25th, 1910.



should be provided; they are very scanty in some hospitals; also a proper supply of suitable cloths, not bits of old sheets, etc.

The hospital cook is a very important individual, but a woman who is properly trained for such work and thoroughly competent is difficult to find. If she be a "high-class cook, with experience in the best families," she is apt to pay too little attention to the ordinary run of patients' and nurses' food, leaving much of it to the kitchen maid. Moreover, the wage given by a hospital rarely runs to such an one. If she be an ordinary "good plain cook," her abilities are frequently very limited, and there is not much time for giving more instruction. As often as not she is a hospital kitchenmaid promoted, and her ideas of dinner run on the usual hospital routine, which she has not the ability to alter. In this respect I think the army hospitals, with their trained and certificated cooks, have a distinct advantage over the civil hospitals. We pay considerable attention nowadays to sick room cookery, ordinary household cookery, cottage cookery, etc., and cookery books for these are numerous, but very little thought seems to be given to the difficult task of cooking economically for large numbers, and I can find no good book on the subject.

We hear a good deal sometimes about "bad" food. In all my experience I have rarely met with food which was bad, in the usual sense of the word (except eggs). It is the *monotony* which palls. I believe much might yet be done with regard to the patients' food, but it is on the nursing staff that the monotony palls most heavily. A patient rarely stays in hospital more than three weeks, and has probably advanced during that time from "milk only" to "full diet," so that he has not time to have the routine scale repeated very often. The resident medical officers live in hospital for six months or a year, and for some reason or other it seems to be an accepted principle that they must be provided with a higher scale of food than their sisters, consins, and aunts who may hold posts as Sisters. The nurses who stay three or four years, the Sisters who have probably been many years in hospital, are the people upon whom the monotony palls most heavily, and theirs is the table which is most likely to suffer from a too rigid economy in materials, and even more, I think, from economy in kitchen salaries. Part of the sameness is, of course, to be attributed to want of imagination on the part of the caterer, but much is also due to the want of individual care on the part of the cook. So much work must be done by the limited staff within a certain time, that dishes which require much preparation have to be crossed off the list, and it is

only by following a regular routine that they are able to cope with the work; in time, even the head cook is apt to forget how to make more than six kinds of pudding, and that potatoes may be cooked otherwise than "à l'eau." Also meat when roasting is, perhaps, not always moved just at the right moment from the greater to the less heat, and is not sufficiently basted; thus the meat from the same carcase usually tastes much better when served up at the smaller "officers'" table in the evening, when there is more time to attend to it, than it does at the nurses' table at middle day. Brillat-Savarin says: "Cookery is an art, but to roast requires a genius." In calculating the numbers of the kitchen staff, the large amount of cleaning which they usually have to do must be taken into consideration. There is no doubt that the food has been much improved of late years, but I believe that much might be learned by comparing notes and by consultation with first-class cooks. To quote Brillat-Savarin again, "the discovery of a new dish does more for the happiness of the human race than the discovery of a planet." I feel sure that it would, at any rate, cause more excitement in a hospital than the advent of a comet—even Halley's.

The caterer is usually the Matron or one of her assistants. There are few hospitals where the catering occupies the whole of one person's time; if the Matron does it herself, it is sandwiched in between other duties, and can only have a relatively short time each day. There is a great want of training in this department, and many Matrons have to learn by experience, more or less happy—or perhaps I should say unhappy. Those who wish to take up administration work should begin to train for it earlier than is usually the case, and take up the subjects most needed in preference to those which can be dispensed with. Thus, while massage and midwifery, for instance, are more or less essential to the private nurse, they are very rarely required by a Matron—at all events of the larger hospitals, but a knowledge of catering and of linen-room business, and some practice in teaching and organisation are of the greatest value.

It is no easy task to arrange the daily bill of fare for some hundreds of persons, whose meal times occur at all hours of the day, with a limited number of cooks (and those with limited knowledge) with due regard to economy in quantities, and considerable limitations as to the quality of materials. To obtain variety, the housekeeper must not only study the market lists, but must see that different modes of cooking are adopted—not an undue propor-

tion of steamed food, nor yet of roast, fried, or boiled, also too much pastry, nor yet an endless procession of milk puddings. I believe that the weekly routine so often adopted is too short; it should cover a fortnight, at least, and vary with the season. Some housekeepers are singularly deficient in the knowledge of what foods go best together; they will, for instance, order beef steak pie to be followed by apple dumpling, or suet pudding after pork and beans.

A knowledge of the relative prices of food stuffs is necessary; it is not always the cheapest which make for greatest economy in the long run. I should very much like to hear some expression of opinion with regard to frozen meat. Patients food is, of course, always ordered upon a definite scale, drawn up usually by the medical staff. For the rest, there is no doubt that nurses work best on plain fare, but it should be plain fare of the best. Best materials, good cooking, and appetisingly served.

I think that more variety in puddings and vegetables should be given, more vegetarian dishes, and more "made" dishes, but it is not easy under the present conditions in most hospitals. If I seem to lay undue stress on the feeding of the nursing staff, it is because it always seems to me that, to take a girl of some 20 odd years and suddenly to give her much heavier and more exacting work than she has ever done before, and at the same time to reduce her scale of food, and to serve it without some minor refinements to which she is accustomed, is, to say the least of it, not a very sensible proceeding. The Committee must always keep in close touch with the house-keeping department. Their task is no easy one; responsible to the public who subscribe and for the overwhelming number of people requiring relief, they must necessarily enforce a strict economy in every department. The Matron is not always to blame if the staff are overworked and the economy too rigid, but she is to blame if she fails to put matters clearly before the Committee. The responsibility is theirs if, after being convinced of the need for alteration, they cannot find the means to carry it out. Vague complaints or grumbings are worse than useless; a report must be concise and supported by figures and facts. The system of "comparisons" is often very trying when reforms are under discussion—when, for example, your expenditure is compared with that of an institution which you know to be lagging behind in efficiency, you are ready to declare them "odious," and when you set to work to study them carefully you are bound to confess that they are often fallacious. So many points are not known: with regard to the patients, for instance, the relative number

of men, women and children, of medical and surgical patients—how much, if anything, they provide themselves; with regard to the staff, again, the relative number of men and women, the difference in the scale of "officers' " food; above all, whether the food is good, bad, or indifferent, which could only be decided by residence in each place in turn.

District also makes some difference; the prices of such important items as milk, butter, eggs and meat vary considerably in different parts of the country. There is no doubt at all that it is very false economy to supply food which is not appetising, and although there are still some people who seem to think that coarse, rough food is the proper thing for a nurse, and all the more ennobling if carelessly served, this is not usually the view of hospital managers, who rely on the Matron to warn them if the narrow line which divides economy from stinginess is in danger of being crossed, just as much as they rely upon her to enforce care and real economy in every possible direction.

Next week we hope to publish the discussion on this paper.

## The National Council of Nurses of Great Britain and Ireland.

A meeting of the Executive Committee of the above Society was held at 431, Oxford Street, London, W., on Saturday, January 29th, at 4 p.m., Mrs. Bedford Fenwick, President, in the chair.

### VICE-PRESIDENT.

Owing to the unavoidable absence of the Hon. Secretary, the President reported that Mrs. Strong, late Matron of the Royal Infirmary, Glasgow, had accepted the invitation of the Council to represent Scotland as a Vice-President.

The Committee received Mrs. Strong's letter with much pleasure.

### STANDING COMMITTEES.

#### Morality and Public Health.

The following letter was read from Miss L. L. Dock, Hon. Secretary of the International Council of Nurses:—

New York City, N.Y., U.S.A.

The President, National Council of Nurses.

DEAR MADAM,—You will remember that at the London Congress resolutions were passed agreeing to bring the subject of moral and sanitary prophylaxis, and the need of better teaching for nurses on venereal diseases, before the associations in our international membership.

I am therefore writing to ask if you will, at some forthcoming meeting of your association, place this subject on the programme and appoint a Committee to work within the borders of your own country, to

carry out the provisions of the resolution, a copy of which I enclose.

It might be well to point out how closely aimed the movement for rooting out venereal disease is to the anti-alcoholic movement, as alcohol is a promoting cause of immorality.

Wishing you success, and with cordial greetings, I am,

Very sincerely yours,

L. L. Dock,

Secretary, International Council of Nurses.

After some discussion, it was agreed that a Standing Committee be formed to study and work on this important question. The Hon. Albinia Brodriek was unanimously elected Chairman. Miss E. L. C. Eden was nominated as Hon. Secretary, subject to her consent to act, and eleven ladies interested in the question, members of the National Council, or other societies, were nominated to form the Committee.

Miss Brodriek consented to convey the invitations to those nominated. Miss H. L. Pearce, who was present, accepted nomination.

The formation of an Educational Committee to collect information on the professional education of nurses, with the object of presenting a report to the Triennial Meeting of the International Council at Cologne in 1912, was deferred.

The President reported action in reference to Prison Nursing, and suggested the formation of an "Elizabeth Fry League" to work for the efficient training of prison officers. It was decided to hold a meeting at an early date, after the urgent business in connection with the Nurses' Registration Bill had been concluded.

Mrs. Stabb, Chairman of the Library Committee, has recently undertaken a most valuable bit of work. She will collect and tabulate the International Library of Nursing Literature, collecting more especially complete files of official nursing journals. A good beginning has been made with the 43 volumes of the BRITISH JOURNAL OF NURSING, donated by Miss Cureton, and a complete file of the *American Journal of Nursing* promised by Miss L. L. Dock.

#### WE DEEPLY SYMPATHISE.

During the past week nurses all over the world will have sympathised most deeply with their kind friends and comrades in Paris. The historic places where they were so honourably entertained in 1907 have all been in imminent danger from the terrible rise of the Seine waters. The floods are receding, leaving behind a scene of devastation difficult to estimate. May most generous help be forthcoming; our King and Queen have set the nation a good example, each having sent £1,000 to the Lord Mayor's Fund.

## Our Guinea Prize.

We have pleasure in announcing that Miss Anne M. Acton, Home for Mothers and Babies, Wood Street, Woolwich, S.E., has won the Puzzle Prize for January.

#### KEY TO PRIZE PUZZLES.

No. 1.—Varico Leg Bandage.

VA—rick—cow leg (hat)band—age.

No. 2.—Welford's humanized milk.

Well—fords hew—man—eyes—D mill—K

No. 3.—"Ideal" Maternity Corset.

Eye—d—eel Mat—urn—IT—tee (golf)

Core—(tea) set.

No. 4.—Medical Supply Hot Water Bottles.

M—head—IC—awl Sup—LY hot water bottles.

The following competitors have also solved the puzzles:—K. Parfitt, Mortlake; M. E. Clegg, Liverpool; F. Sheppard, Tunbridge; E. A. Leeds, London; C. Hartford, Banbury; R. Rutter, Hayle; H. H. Reeve, Lewisham; A. Nott, Stroud; M. Dempster, W. Ealing; M. L. Slater, Buckhurst Hill; E. Westcott, Tooting; L. Ryding, Belfast; F. Williams, Rawtenstall; B. Sheard, Chislehurst; V. James, Huddersfield; H. G. Bowers, Nottingham; C. Ramsay, Greenock; E. M. Smith, Hendon; K. M. Monk, Limerick; M. M. Gibb, E. Twickenham; H. Copelin, Beckenham; E. Bannister, Kingston-on-Thames; C. P. Fraser, Edinburgh; H. R. Flint, Birmingham; C. Morris, Sheffield; K. T. Mostyn, Swansea; C. Emerson, Watford; A. C. Lang, Dumfries; H. Ellis, Milford; K. Turner, London; M. Woodward, Redhill; C. Mackenzie, Glasgow; M. Foster, Dublin; R. Conway, Branksome Chine; G. M. Smart, Cork; K. Murley, Edinburgh; L. Anderson, Nottingham; M. S. Crichton, Hove; E. Macfarlane, London; R. Kreckeler, Birkdale; Nurse Baines, Bradford; T. O'Donnell, Limerick; M. Walker, Port St. Mary; R. L. Wiseman, Fulham; F. Dowd, Clonskeagh; M. Moss, London; K. Martin, Chelsea; E. F. Moakes, Holmwood; K. C. Macleod, Dundee; P. Sumner, London; M. E. Wheaton, London; M. McWilliams, Omagh; N. Smith, Dublin; A. Lawrence, Manchester; K. Molony, Cork; M. Modlin, Brixton; A. Pettit, London; K. Soutar, London; E. Dinnie, Harrow; C. Macdougall, Stirling; A. May, Liverpool; E. S. Sills, Oakham; E. Spencer, London; J. Cook, Portland; A. L. Etheridge, London; C. A. Donohue, Dublin; I. Lavell, Margate; T. Levy, Brighton; L. Lawson, Edinburgh; S. Callaway, Kingston; T. E. Long, Eastbourne; C. Christie, Aberdeen; M. Crichton, Louth; M. Flowers, Leamington; S. S. Sherring, Liverpool; P. Mackenzie, Inverness; M. Lloyd, London; A. Lossie, Wigtown; B. Silcock, London; E. McIveron, Brighton; J. M. Bruford, Southport; H. E. Smith, Warrington; E. Wood, Hampstead.

The Rules for the Prize Puzzle remains the same, and will be found on page xii.



## Appointments.

### MATRON.

**Northern Hospital for Women and Children, Manchester.**—Miss Lillian Barrow has been appointed Matron. She was trained at the Royal Southern Hospital, Liverpool, and has since been Ward and Out-patient Sister, Torbay Hospital, Torquay; Sister, Army Nursing Service Reserve; Ward Sister, Night Superintendent, and Assistant Matron at the General Hospital, Wolverhampton. She has done private nursing, and holds the certificate of the Central Midwives' Board.

**The Montgomeryshire Infirmary.**—Miss Annie Roberts has been appointed Matron. She was trained at the Salford Infirmary, and at present holds a post at the Tredegar Hospital.

### ASSISTANT MATRON.

**The Midland Counties Home for Incurables, Leamington.**—Miss E. Surtees has been appointed Assistant Matron. She was trained at the General Hospital, Northampton, where she has also held the positions of Theatre Sister, Night Sister, and Assistant Matron.

### SISTER

**Bradford Union Hospital.**—Miss A. M. Manchee has been appointed Sister. She has held a similar position in the male wards at the North Lonsdale Hospital, Barrow-in-Furness, and has worked on the private nursing staff of the Victoria Hospital, Keighley, and of the Royal Infirmary, Preston.

### NIGHT SUPERINTENDENT.

**Fulham Infirmary, St. Dunstan's Road, Hammersmith.**—Miss Edythe Gertrude Hope has been appointed Night Superintendent. She was trained at the Royal Infirmary, Liverpool, where she has held the positions of temporary Night Superintendent and temporary Ward Sister. She has also been Senior Sister and Deputy-Matron at the St. Helen's Hospital, Lancashire, and Night Superintendent and Deputy-Matron at the Leicester Isolation Hospital.

### SUPERINTENDENT NURSE.

**Colchester Union Infirmary.**—Miss E. H. Foskett has been appointed Superintendent Nurse. She at present holds an appointment at Newcastle-on-Tyne.

### HEALTH VISITOR.

**Public Health Department, Royal Borough of Kensington.**—Miss Nina Stokes has been appointed Health Visitor. She was trained at St. Bartholomew's Hospital, and has held the position of Sister at the Royal Hospital for Sick Children, Edinburgh, and has worked as Health Visitor both in Willesden and Croydon.

### QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

The undermentioned Staff Nurses are confirmed in their appointments, their periods of provisional service having expired:—Miss K. M. Burgess, Miss W. Halloran.

Miss E. L. Murray to be Staff Nurse (provisionally) (January 10th).

### QUEEN VICTORIA'S JUBILEE INSTITUTE

*Transfers and Appointments.*—Miss Juliet Tillotson, to Leicester; Miss Alice Ireland, to Birmingham, Summer Hill Road; Miss Marion Gibbs, to Chelsea; Miss Ellen Corser, to Rye; Miss Helen Wilks, to Hallow; Miss Emma Rice, to Worthing;

Miss Ellen Mercer, to South Wimbledon, as School Nurse.

### RESIGNATIONS.

Miss Maud Banfield has resigned the position of Superintendent of the Polyclinic Hospital, Philadelphia, and will leave the institution on May 1st, when she will have completed fifteen years' service in the hospital, three years of which she was Superintendent of Nurses, and the remainder Superintendent of the hospital. Miss Banfield was trained and certificated at St. Bartholomew's Hospital, London.

Miss Georgina Atkinson, Lady Superintendent of the Rutson Hospital, Northallerton, has resigned the position after 22 years' tenure of office. In presenting their annual report the Committee stated that it was impossible to speak too highly of the services, rendered without payment, of Miss Atkinson, and that they could not sufficiently express their thanks for her ungrudging devotion and energy.

### PRESENTATION.

On leaving the General Hospital, Birmingham, to take up her new work as Matron of the Kidderminster Infirmary, Miss McFarlane, the Assistant Matron, received from the Matron, Sisters, and nurses a large easy chair, with a loose printed-linen cover. In making the presentation, the Matron, Miss Musson, briefly referred to Miss McFarlane's long connection with the General Hospital, and to the loyalty with which she had worked in various capacities, never sparing herself when the comfort of others was concerned. They would all miss her very much, but they congratulated her on her new appointment, and asked her acceptance of the chair, which they offered with affectionate good wishes. Miss McFarlane expressed her thanks in a few words, and having tried the chair, said it was perfect. The Sisters afterwards had a little farewell coffee party in their sitting-room. Miss McFarlane also received a framed picture from the maid-servants.

Miss Gaskell, who for six years has worked devotedly at Rye as head nurse in connection with the Borough Association, has been presented with a purse containing twenty guineas on severing her connection with the Association to take up the position of Superintendent of the Bath District Nursing Association. The presentation was made by the Mayor (Councillor J. Adams), on behalf of nearly 400 subscribers, at a meeting of the Ladies' Executive Committee, who were entertained to tea at the Vicarage by Mrs. A. P. Howes (Hon. Sec.)

### SPECIAL MEETINGS FOR NURSES

We are asked to state that at the special meeting to be held under the auspices of the Nurses' Missionary League at the Passmore Edwards' Settlement, Tavistock Place, from February 11th to 19th, Miss D. Burroughes, one of the principal speakers, is a fully-trained nurse, who has been Matron of the Norfolk and Norwich Hospital, and the other, Miss J. Macfee, B.A., is well known to members of the League as the Editor of its magazine, "Nurses Near and Far."



## Nursing Echoes.



The Annual Meeting of subscribers to Queen Victoria's Jubilee Institute for Nurses was held at the offices, 58, Victoria Street, on Monday afternoon. The annual report, which was carried, stated that during the past year the subscriptions to the Queen's Fund reached the gratifying total of £2,038 odd, the donations amounting to over £1,164. Queen Alexandra's Committee, which was a Sub-Committee of the fund of the Institute, under the presidency of Adeline Duchess of Bedford, had again collected £2,000, which the Sub-Committee was able to transfer without making an inroad on their reserve fund. The Institute is doing a great national work, and should receive a much larger amount of financial support than it does.

The Lady Mayoress (Lady Knill) presided at the first meeting this year of the Executive Committee of the City and County of London Territorial Force Nursing Service, at the Mansion House on January 25th. A letter was received from Col. Oughterson, Secretary of the County of London Territorial Association, expressing his Association's appreciation of the efforts which had resulted in successfully providing nurses for the 3rd and 4th General Hospitals under its administration. The reports of the Principal Matrons of the four General Hospitals were presented, and it was stated, the news being received with great gratification, that the vacancies caused from retirements or other causes were but very few, in one case the total establishment of 120 nurses being only three short, while there were a large number of nurses on the waiting list for the vacancies. It was unanimously decided, in order to extend the influence of the organisation, to invite the Princess Royal to become President of the Association, and a number of well-known ladies are to be asked to become vice-presidents. It was also decided to invite her Majesty the Queen to present the badges to the Territorial nurses who have been enrolled. Mrs. Kinloch was elected a representative of the Committee on the Sub-Committee of No. 1 General Hospital. It was announced that Miss Sidney Browne had been appointed Matron-in-Chief of the Territorial Nursing Service for England and Scotland, and a vote of congratulation to Miss Browne was passed. A sub-committee, consisting of Lady Dimsdale, Lady Mackinnon,

Lady Beachcroft, and the Hon. Mrs. Charles Tufton, was appointed to bring up a list of names for the vacancies on the Grand Council.

There has been for some time past a feeling on the part of the Metropolitan Asylums Board that something should be done to improve the staff conditions in its hospitals. In this connection it was a striking fact that relatively few nurses trained in London general hospitals, who might be expected under favourable conditions to apply in large numbers for appointments under the Board, sought for such posts. As a preliminary the Board invited the Matrons of training schools in London to meet it and go into the question of this disproportion. Some of the Matrons accepted the invitation, and one, in particular, spoke very plainly as to the reasons why candidates for the higher ward posts in the Board's hospitals were not more numerous. It was then decided to do what was possible towards raising the status of the senior nursing staff and to improve the quality of the junior staff. As regards the latter proposal, by a happy coincidence the Fever Nurses' Association promoted its general scheme of training for probationers at the time when the matter was under consideration, and the scheme was such that it received the approval of the Board. Thus, what was perhaps the more difficult question has been quickly solved.

In reviewing the conditions which exist in the Board's hospitals, it is necessary to recognise the great difficulties which have to be faced in bringing about improvements. Their demand for assistant nurses, if fluctuating, is very great, and, as everyone who has to do with the staffing of hospitals knows, the stringency of selection must be lessened as the requirements increase. However, the changes which are recommended in the case of the senior staff are of a kind which should appeal to nurses with good general training, and if they are carried into effect, it may be taken that the sufficiency of candidates from hospitals in London will be forthcoming. They are liberal, and show much consideration for the welfare of the head nurses. The proposals as regards the junior nurses are in keeping with conditions which prevail in large fever hospitals outside the Board. It cannot be doubted that a proper training and certificate will attract more suitable candidates for junior posts than at present.

On the whole, the proposals of the Board mark the greatest advance in fever nursing that has taken place for many years. For, handi-

capped by many difficulties, the Board has not so far, in nursing matters, reached the standard which is common to most large fever hospitals belonging to other authorities. If the proposals take effect, this standard will be recognised and, owing to the important position of the Metropolitan hospitals, the whole fever nursing service question is bound to be affected; there will be an improvement in status in every grade of the service.

Tuesday, February 8th, will be a red letter day for the nurses of the Leicester Infirmary, for their new Home, so long and eagerly looked forward to, is to be opened by Mrs. Fielding Johnson. The Chairman, Sir Edward Wood, and the Board of Governors, have issued invitations to many friends of the institution to be present at the opening ceremony, which will take place at three o'clock, and no doubt there will be a ready response, for no hospital in the Provinces is held in higher estimation than the Leicester Infirmary, and no Matron is more beloved by her nurses, past and present, than Miss Rogers, to whom they owe so much.

### The £100 Registration Fund.

	£	s.	d.
Carried forward ... ..	23	13	0
Miss Sidney Browne ... ..	1	1	0
Miss McVitie (teacloth) ... ..	1	1	0
Miss Dora Hinton ... ..	1	0	0
Per Miss Treasure, R.N.S. ... ..	10	0	0
Miss J. Hurlston ... ..	5	0	0
Miss E. Wortabet ... ..	5	0	0
Miss E. M. Waind ... ..	2	6	0
Miss E. E. Alderman ... ..	2	6	0
Miss E. M. Sixsmith ... ..	2	6	0
Miss G. J. Challis ... ..	1	0	0

£28 3 6

#### COLLECTING CARDS.

Name of Collector:	Miss M. Breay	£	s.	d.
Part Profits of Gordon Calendar ...	5	0	0	
Anon. ... ..	3	0	0	
Mrs. R. S. Bartleet ... ..	1	0	0	
Mrs. Breay ... ..	10	0	0	
T. W. Craig, Esq. ... ..	5	0	0	
Mrs. T. W. Craig ... ..	5	0	0	

£10 0 0

Total ... .. £38 3 6

Miss M. N. Cureton, of Bournemouth, has given £1 ls. for the teacloth so kindly worked by Miss McVitie.

### New York File Complete.

Owing to the kindness of Miss E. S. Sills, of Oakham, who will provide Vol. III. of the *Nursing Record*, the file of 13 volumes of this Journal required by Miss Nutting for Teachers' College, Columbia University, New York City, is now complete.

### The Nurses' Total Abstinence League.

#### NURSES AND TEMPERANCE.

On Thursday, 27th January, a meeting was held in the Edgbaston Assembly Rooms in connection with the Birmingham Branch of the Nurses' National Total Abstinence League. Mrs. Walter Priestman, the President, explained the objects of the League, and Dr. J. Furneaux Jordan, who presided, reiterated with satisfaction the reduction of drunkenness throughout the country, and to the change in the practice of medicine as witnessed by the fact that the hospital bills for alcoholic drink and milk had been reversed in recent years.

Sir Victor Horsley, after expressing his pleasure at meeting such a large company of nurses, said they must get rid of the idea that alcohol was necessary either in health or disease. He hoped there would soon be a national registration of nurses; it would give them power as a profession. When women had the vote, as they would have some time, they would be able to help in making laws for the suppression of intemperance and its attendant evils. The nurses must, of course, implicitly obey the medical adviser, but they might exercise a great influence in the homes of the patients by their example and practice. He spoke of the great change in medical opinion with regard to alcohol. Before anaesthetics were discovered alcohol was very freely administered preceding an operation, partly under the mistaken idea that it would increase the patient's strength, and partly as a more forcible narcotic to deaden pain. At the present time in such cases it was rarely given even in small doses. The medical profession had better drugs at its disposal, and a better knowledge of the physical action of alcohol. This was shown in the present treatment of cases of liver and pneumonia, when alcohol was rarely used. Nurses must obtain registration, when they would be united, and be able to exert a strong national influence for good.

Miss Musson, Matron of the General Hospital, proposed a vote of thanks, in which she conveyed to Sir V. Horsley the gratitude of the nurses of England for the way in which he supported their efforts to obtain State registration.

## The Certified Midwives' Total Abstinence League.

### DR. KELYNACK ON TOTAL ABSTINENCE.

At the Chapter House, St. Paul's, January 27th, Dr. Annie McCall presided over a meeting of the Certified Midwives' Total Abstinence League, when a lecture was given by Dr. Kely-nack, on the medical and nursing aspect of the alcohol problem. Dr. McCall opened the meeting by expressing regret for the unavoidable absence of Miss Alice Gregory and Dr. Mary Roewe. She strongly urged total abstinence, and remarked that she had been an abstainer for thirty years, and had never regretted it.

Dr. Kely-nack addressed his hearers as "fellow workers in the healing art," and said that under the shadow of that venerable Cathedral, in the hub of the universe, it was fitting to discuss a subject which was one of vital importance to the profession, and at this period, which was one of the mile stones of English History, we should face our individual responsibility in the matter of total abstinence. In ancient days disease was looked upon as the work of evil spirits, later as calamity, and still later as the visitation of God, but in the growing light of science, we know it to be an enemy of our own making, and it was right for the teachers and leaders of the profession, to point out to those under their care the evils of alcohol. Our forefathers introduced alcohol to increase health, to withstand the invasion of disease, and as a source of strength to the growing child. Scientific knowledge now asserts that alcohol is a race poison. The lecturer said he believed the best way to impress a moral truth was to appeal to a motive, and there were two motives which should run through life. First, duty to self; secondly, to others. From the first point of view. In these days the lives of doctors and nurses must of necessity be serious and arduous; never "on the loose," always so to speak "on duty," and they cannot afford by any act to limit their powers. Everything points to total abstinence as a factor in efficiency. Nurses and midwives must have efficient brains and minds, capable of discrimination, rapid judgment, able to separate good from bad, better from best. Research has proved that alcohol in even small quantities lowers power of brain and nerves, and the result may be loss of life and the loss of professional character, so that for a nurse's own well being she should put the best into the work she has in hand. Secondly, in regard to others. There was still much ignorance and superstition in regard to this question. Among the poorer classes mothers still believe it to be good for their children, in spite of a great deal of teaching to

the contrary. Expectant mothers were still dosed and drugged, regardless of the fact that an alcoholic mother produces an alcoholic child. The lecturer therefore called upon the meeting, as leaders, custodians, and guides to public health to take action in this matter, more especially as in the present day many influences render women liable to yield to drink—the stress and strain of life, the lust of pleasure, competition, all of which fall with crushing force upon women. He concluded his lecture by an appeal to his audience to use life's little day for the highest and best interests of science.

Miss Docwra then said a few words, and after a vote of thanks proposed by Miss Ritchie to Dr. Kely-nack and the Dean of St. Paul's, the meeting closed.

Pretty little brooch badges were on sale for the modest sum of 3d.—blue enamel for midwives and white for monthly nurses. They appeared to be in great request.

H. H.

## Reflections.

### FROM A BOARD ROOM MIRROR.

Mr. W. T. Farr has made good use of the £10 which, as a Freeman of Swansea, he has annually received. He has forwarded a cheque for £100 to the Hospital, as he had always intended that the money should be given to charity.

The Lord Mayor of Liverpool, in proposing the adoption of the report and financial statement, at the annual meeting of the Children's Hospital, said it had given the Lady Mayoress and himself the greatest pleasure to go through the hospital and to see the splendid condition of every department, and the evidences of the best treatment received by the children from the doctors, the matron, and the nurses, and the kindness shown to them. Referring to the finances, he said it was a matter which all would deplore, that whilst there had been an increased number of both in-patients and of out-patients, there had been a falling off in the subscriptions during the year. Perhaps this might be explained to some extent by the bad times through which Liverpool had been passing, and he hoped the matter would right itself in a short time. It was also to be regretted that the debit balance had been increased to over £2,000, but remembering the good work they had done in the past he had no doubt they would again emerge from their difficulty. That they were justified in spending the money they had done was proved by the fact that no sooner had they opened the fourth ward than there was an overwhelming demand for beds therein. He fully approved of giving the parents and relatives an opportunity of contributing something, for he felt they had a duty to the hospital as well as the public.

## Scrapping the Poor Law.

An article on the Minority Report of the Poor Law Commission from the lucid and well-informed pen of Mr. Sidney Webb, LL.B., L.C.C., is to be found in the quarterly number of *Progress*, and well repays study by all those interested in this stupendous question.

Mr. Sidney Webb is for "scrapping" the existing Poor Law, and states that the Minority Commissioners assert that if we want to stop the present overlapping and duplication and waste, as we cannot abolish the separate services that have grown up, we must not only abolish the Board of Guardians but also wind up the whole business of the Poor Law, which has become, in its very essence, obsolete.

"What, then," he asks, "is the scheme of the Minority Report?"

"We must," he answers, "at all costs, put a stop to the wasteful and demoralising duplication and overlapping that is now going on, under which a single family may be getting help simultaneously from as many as seven different public authorities without any of them necessarily knowing what the others are doing. We must at the same time concentrate the whole responsibility for public assistance in each locality in the hands of the directly elected representatives of the people of that locality. What the Minority Report proposes is to take advantage of the fact that it is the County or Borough Council which is doing all the work that is now superseding the Poor Law with regard to all the different classes of paupers. Make the County or Borough Council itself responsible, (a) through its Education Committee, for the prevention of all forms of child neglect, and for all the public provision for children of school age (including continuation schooling up to 18); (b) through its Health Committee, for the prevention of all preventable sickness, and for all the public provision that is made for the treatment of maternity, infancy, sickness, and infirmity; (c) through its Asylums Committee, for bringing under proper care and control all the mentally defective (including feeble-minded); and (d) through its Pensions Committee, for granting Old Age Pensions out of local funds to the healthy and reputedly living aged (whatever limit of age may be fixed) not eligible for the national pensions. There remains only the whole class of the able-bodied (including both vagrants and the unemployed), for whom, it is suggested, provision should be made by a National Authority, which should set itself actually to prevent unemployment (in ways which the Report indicates), and to maintain under suitable physical and other training those sporadic cases of men thrown out of work from causes which could not be prevented. This is the scheme of the Minority Report, which is now attracting to its support so large a proportion of the experienced administrators on the one hand, and of the philanthropists on the other."

As to how it is to be worked out in detail, Mr. Webb refers the serious inquirer to the Report itself.

## Legal Matters.

The cases in which nurses, or women described as such, appear in the Law Courts, in some instances as plaintiffs, in others to answer to various criminal charges against them, are now so numerous that it is quite impossible to deal fully with them in this Journal. Quite recently the following cases have been heard:—

In the King's Bench Division, Dublin, before the Lord Chief Baron, Mr. Justice Gibson, and Mr. Justice Boyd, Miss Alice Courtenay Clarke, hospital Matron, brought an action against a hospital Matron for alleged slander and conspiracy to injure her. The Bench came to the conclusion that the action could not be sustained or maintained.

Ethel Moody, a woman dressed as a nurse, and posing as coming from the Bromhead Nursing Institute, Lincoln, with which it was proved she had no connection, has been sentenced to imprisonment with hard labour for obtaining a fountain pen, value 23s., which she subsequently tried to pawn for 4s. 3d., on false pretences.

At the Manchester County Police Court, Ellen Steevens (48), described as a nurse, was committed to the Assizes for obtaining board and lodging on false pretences to the value of £5 15s. from Mrs. Jane Wilson, boarding-house keeper, 518, Stretford Road, Old Trafford. The prosecuting solicitor alleged that the prisoner's tale was that she was the wife of Captain de Howard, of the s.s. Jarnac, who was expected to arrive in a few days; also that she had come from Glasgow to draw a legacy of from £2,000 to £3,000 from Messrs. Cobbett, Wheeler, and Cobbett, solicitors, but they would not pay it over until a relative, who would be home in a few days, returned from South Africa. When eventually apprehended by the police Mrs. Steevens admitted her guilt.

Miss Jessie Winfield, a nurse at the Bridlington Sanatorium, was convicted at the Bridlington Police Court of stealing the sum of £4 9s. belonging to Miss Clara Page, Matron of the Sanatorium. On Wednesday, January 12th, the Matron went out for the night, leaving her keys in the left hand drawer of her dressing table in the nurse's presence. In the second drawer was money, papers, etc., which should have amounted to £3 2s. 6d. On her return the following morning the prisoner informed her there had been a fire in her bedroom. She did not know how it had originated, but she thought a burglar must have been in the room, as all the drawers were open and it was in a state of disorder. Eventually the nurse admitted to Inspector Robinson that she had taken the money.

The Matron said the nurse had worked well.

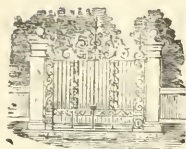
The Chairman of the Bench, Colonel Y. G. Lloyd-Graeme, stated that the Bench did not wish to send Miss Winfield to prison, but to give her a chance to find employment and earn an honest living. She was bound over in the sum of £10 to come up for judgment if called upon.

We badly need a Nurses' Registration Act, under which a case of this kind could be dealt with, and the public protected.



## Outside the Gates.

## WOMEN.



Dr. Louise Martin-dale, of Brighton, has been appointed Hon. Secretary of the Public Health Sectional Committee of the National Union of Women Workers. There is plenty of nursing and social reform work for such a Committee to accomplish, and the study of "health and morality" should be earnestly approached by every member of the Union. Ignorance of facts which endanger the standard of national health and well being, need no longer be an excuse for women shirking reliable knowledge. This question can be quietly considered to begin with through valuable manuals which have been written from a scientific standpoint. Once acquire knowledge and it can be applied through many channels for the benefit of humanity.

The Convocation of Manchester University having considered a recent decision of the Board of Management of the Manchester Royal Infirmary not to appoint women doctors to resident posts at the Infirmary, have, by a large majority, passed a resolution that, having regard to the interests of women students in the Faculty of Medicine, the Convocation suggest to the University Court that they should ask the Infirmary Board to reconsider the question.

During the discussion on the question many spoke in favour of the resolution, but Dr. Edge said he considered the main question concerned the patients, and from his experience he had no hesitation in saying that 99 per cent. of the men would object to being attended to by lady residents, while as regarded the women, quite 75 per cent. would rather be attended to by men.

Miss Mathilde Dresden of Cavendish Square, W., who has left the residue of her estate to her brother absolutely, has expressed the wish that he will establish an institution where ladies over 50 years of age in reduced circumstances, but having some small means, may obtain food and lodging at a reasonable cost.

## LECTURES OF THE ROYAL SANITARY INSTITUTE.

A course of lectures of special interest to Women Health Visitors and School Nurses is announced by the Royal Sanitary Institute, 90, Buckingham Palace Road, London, S.W., to be given in the Institute and Parkes' Museum, beginning on Monday, March 14th, at 7 p.m. The course will consist of lectures and practical demonstrations on Physiology, Personal Hygiene, and the Sanitation of School Buildings and Dwellings. Visits are being arranged to crèches and the school for mothers, and students will have the privilege of attending certain lectures and demonstrations in the course for sanitary officers. The fee for the course will be one guinea.

## Hearts Linked Across the Sea.

## LONDON.

In a quiet square of the vast Metropolis is the firm, erect figure of him whose name is engraved as deeply on the hearts of the people of England as ever the word "Calais" was written on the heart of the unhappy Queen Mary. The rush and roar of the mighty City never ceases, but round this statue is peace and rest, and it is a powerful, though silent, witness to the shortness of earthly strife, to victory through death, and to a lasting success won through apparent defeat and failure. Near by, the figure of England's greatest naval hero is elevated on a lofty column above all the other statues there, but this one is only two or three steps above the ground at its base.

One day, at noon, three or four shabby-looking men were seated on these steps, resting under the shadow of him who, in life, never failed to help and succour those in need, and who stood above them still, protecting and sheltering the stricken and the struggling in life's weary race.

And a passer-by thought the sight a beautiful one, and truly symbolical of the life and character of General Charles George Gordon, whose loving care and service for others is influencing many lives to-day in different parts of the world.

## KHARTUM.

A far distant city, lately risen Phoenix-like from its own ashes; a city of many memories—memories of a great heart, which beat with a passionate throb for the sufferings of humanity and the dumb creation—memories of faith unshattered, which recognised no failure; of hope far-reaching, which saw in the dark cloud of disappointment the rainbow of God's promised blessing upon the land; of love stronger than death; of mutual devotion and self-sacrifice—all these and many others.

And in an open space of the city is the uplifted figure on the camel's back, which appeals with irresistible force to the loyalty and veneration of the citizens.

One day a poor native woman was seated on the ground in front of the statue. She had been there for many hours, unmindful of the scornful remarks of the passers by, watching and waiting. She was watching for one look of recognition from him who had never before failed to greet her with a kindly glance. The sun was low and cast strange lights and shadows; the flickering sunlight played lovingly on the still face, endowing it with the semblance of life, and the glowing features seemed animated with an expression of benignant tenderness.

And the watcher's heart was filled with joy, for as she afterwards said: Gordon Pasha had smiled at her.

NOTE.—The last-named incident was published in the *Record* newspaper of September 7th, 1906. The correspondent who sent the account of it also mentions that General Gordon's statue at Khartum is much venerated by the natives there, who said, when they first saw it, that Gordon Pasha had come back to take care of them again.

M. L. B.

## Book of the Week.

## THE SCORE.\*

In "The Score," by Lucas Malet (Mrs. Mary St. Leger Harrison) we have two clever sketches of the motives which govern the characters presented to us.

## MISERERE NOBIS.

The story opens in an Italian hospital, where, "around the fourth bed on the window side, the white-habited nursing sisters, at mid-day, had drawn a couple of high screens, thereby intimating to any whom so common an occurrence might concern that its occupant lay in his death agony. And from behind the screens came the sound of two voices. One that of an old man, calm, patient, indulgent, yet weighted with conscious authority. The other that of a young man, now feverish, bitter, eager in utterance, now sinking into halting whispers, now growing tender, and even momentarily gay. The beds on either side of the small enclosure were vacant. The nuns sat working quietly beside the clean-scrubbed deal table. No one, therefore, was near enough to distinguish the words actually spoken. Nevertheless, the sound of those two voices, alternate, intermittent, yet, as it seemed, interminable, so permeated the whole clear, well-lighted space with an effect of sustained suspense, of vague insidious alarm, that now and again the white-habited sisters silently recited a prayer and crossed themselves, while an ill-conditioned little Neopolitan conscript in the bed in the far corner first chanted a dirty music-hall catch respecting the ways of light women, and then, burying his wide-mouthed, monkey face in his pillow, cried himself abjectly to sleep."

The dying patient is a young man—weak, poet, full of the love of life, who has ended his life with a soft-nosed rifle bullet after murdering his father (who, unknown to him as such, he had loved devotedly), at the deliberate suggestion, from his childhood upwards, of the cold-blooded, cultured husband of the mother whom he worshipped, when he revealed the truth of the young man's parentage.

In the course of the confession of his terrible sin he owns that though at the outset it was repugnant, "it has come to be strangely comforting. I find in it relief and reconciliation. Through it I am restored to human fellowship. And something beyond even this, Father. For in telling you I seem to tell the Prince Amilcare (his murdered father) also—seem to make my heart, my nature, and the sources of my action plain to him—though whether because he is actually present at my bedside in spirit, or whether because of some intimate bond existing between him and you, some profound and primitive sympathy uniting you to one another, I cannot pretend to determine."

The priest remains to the end unrevealed, but as the dying man passes he goes gladly with the words on his lips: "They have come, you see; the two whom I love. . . . Great Prince and hunter,

infinitely desired mother, I am ready. Nothing hinders. Let us go."

And the priest looks long and earnestly at the dead man—his brother's son, the last of his race—kisses the dead cheek, and then, "drawing aside the screen, which scooped a little on the bare boards of the floor, a very tall, austere, black-robed figure, he passed out into the ward—his work of mercy done."

"For and against—how stands the score?"

The dead man is passed into the presence of the just Judge. It is best so.

## THE COURAGE OF HER CONVICTIONS.

The second story is of topical interest, as it concerns the General Election, and is, indeed, the story of a successful candidate. The heroine, Poppa St. John, deserves more than this brief notice, for she has charm, genius, and sincerity, and therefore cover a multitude of sins. Read the story for yourself, and see if you do not agree. P. G. Y.

## JUST KEEP ON KEEPIN' ON.

If the day looks kinder gloomy  
An' your chance is kinder slim—  
If the situation's puzzlin'  
An' the prospect's awful grim,  
An' perplexities keep pressin'  
Till all hope is nearly gone,  
Jus' bristle up, and grit your teeth,  
An' keep on keepin' on.

## COMING EVENTS.

February 8th.—Royal Maternity Charity of London. The annual meeting will be held at the "Hospiz," 28, Finsbury Square, E.C., 3.30 p.m.

February 8th.—Leicester Infirmary. Opening of New Nurses' Home by Mrs. T. Fielding Johnson, 3 p.m. Distribution of Badges to members of the Territorial Force Nursing Service, 12.30 p.m.

February 8th.—Hammersmith and Fulham District Nursing Association. The Annual General Meeting. Council Chamber, Hammersmith Town Hall. The Mayor will preside. 3.30 p.m. A District Nursing Exhibition, Nurses' Home, Carnforth Lodge, Queen Street, Hammersmith, from 2 to 6 p.m.

February 9th.—Royal Infirmary, Edinburgh. Lecture on "The Influence of the Mind Over the Body," by Mr. C. W. Cathcart, F.R.C.S. Extra Musical Theatre, 4.30 p.m. Nurses are cordially invited.

February 14th to 19th.—Week of Special Meetings for Nurses, arranged by Nurses' Missionary League. Passmore Edwards' Settlement, Tavistock Place, W.C. Morning, 10—11 a.m. Afternoon, 2.30—3.30 p.m. Saturday, Feb. 19th, one meeting only, 2.30 p.m.

February 15th.—Written examination of Central Midwives' Board, in London, Birmingham, Bristol, Manchester, Newcastle-on-Tyne, and Leeds. Oral examination a few days later.

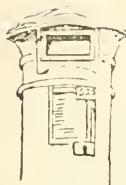
## WORD FOR THE WEEK.

The object of life is to be happy: the place to be happy is here; the time to be happy is now; the way to be happy is to make others happy.

INGERSOLL.

\* By Lucas Malet. (John Murray, Albermarle Street, W.)

## Letters to the Editor.



*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.*

### THE CONGRESS AT COLOGNE.

*To the Editor of the "British Journal of Nursing."*

DEAR MADAM.—I was greatly pleased to read the letter from "A Member of the International Council of Nurses" in your issue of 22nd ult., with its suggestion that nurses who wish to go to the International Congress of Nurses, to be held in Cologne in 1912, should begin to save money for it now. I shall have much pleasure in acting as "banker" to the Irish Section if no one else has already come forward.

I am, yours truly,

A. W. SAMPSON (*Matron*).

Bloomfield, Dennybrook, Dublin.

[We should advise our correspondent to consult the Irish Nurses' Association on this matter.—Ed.]

### THE WORRIES OF MIDWIVES.

*To the Editor of the "British Journal of Nursing."*

DEAR MADAM.—Knowing how interested you are in midwives, I am sending you a notice which appeared in our local paper this week, showing that the midwives in this town will not in the future attend private cases for a lower fee than 10s. 6d. At the same time I should like to thank you for the valuable information contained in the *BRITISH JOURNAL OF NURSING*. I have taken it in for the past three years, and so do most of the midwives in this town. I wonder if you know what a comfort it is to know that there is at least one Journal to give us fair play.

There has been such a lot written about doctors and midwives being at logger heads that perhaps you might like to know how we get on here. Before the Midwives' Act came in force I do not think you could have found a happier or more contented class of workers than we were. There are six of us on the staff of this dispensary, and we are entitled to call in medical help whenever it is required. Now, in the old days, before the passing of the Act, the doctors always came quite willingly to help us in our private work, whether the fee was forthcoming or not.

What a change after the Act came into force! The doctors told us kindly that they had nothing against us individually, but they could not come to our help in future unless the fee was paid in advance.

I venture to say a more worried or harassed lot of women would have been hard to find. On the one hand no help from the doctors, whom we had learned to look up to as friends in need, and on the other the Central Midwives' Board, with what seemed at the time its almost endless rules and penal cases.

However, the doctor who is our local supervising authority has always been most kind and helpful, and we have none of us ever been afraid to go to him and consult him, feeling from the kind and thoughtful way in which he received us, and listened to all our worries and troubles, that we had a real friend instead of a deadly enemy, as seems to be the case in only too many towns. I am glad to say that our troubles have gradually faded away, thanks to the guardians here we can now call in one of the parish doctors, of whom there are two, the guardians recovering the fee where they think it fair to do so.

Also, the doctor who is our local supervising authority, kindly arranged last winter for a course of lectures on midwifery, so that we might be brought quite up to date. So things have straightened themselves out.

I may say most of the doctors have fallen back into their old way of coming to help us first and asking about their fee afterwards, and to do us justice we always endeavour to get it for them, never thinking of taking anything ourselves until the doctor is settled with.

I do not know whether you will approve our action in raising our fees, but when you consider how many cases we attend without payment, and how rare a thing it is for a midwife to take any steps to recover her fee from a poor patient, you will, I hope, agree with me 10s. 6d. is not too much. At the same time the mere fact that we are beginning to see the value of co-operating shows that midwives are not quite the ignorant, uneducated class some people consider.

Hoping you don't think this long letter tiresome.

Yours faithfully,

CERTIFICATED MIDWIFE.

[We consider 10s. 6d. a very reasonable fee for a midwifery case, and the least a working woman can live on. Where poor people cannot afford so much, midwifery attendance should be provided, as the parish doctor is, by the rates. Voluntary Associations are very disinclined to provide midwives with a living wage—very poor economy in the end.—Ed.]

## Comments and Replies.

*Miss M. R. P., Leicester.*—The Fever Nurses' Association has a medical man and a matron as conjoint Secretaries, Dr. Biernacki, Medical Superintendent, Plaistow Fever Hospital, E., and Miss L. A. Morgan, Matron of the Northern Hospital, Winchmore Hill, N.

*Miss F. W., Raventstall.*—The paper is *La Garde Malade Hospitalière*. It is obtainable from 96 bis, rue Laroche, Bordeaux.

*Miss A. G. W., Scarborough.*—An excellent handbook which we think would be useful to you is "First Aid to the Injured and Sick," published by John Wright and Sons, Ltd., Bristol, price 1s. You might write to the Central Red Cross Society, 9, Victoria Street, S.W.

### OUR PUZZLE PRIZE.

Rules for competing for the Pictorial Puzzle Prize will be found on Advertisement page xii.



# The Midwife.

## The Central Midwives' Board.

A meeting of the Central Midwives' Board was held at the Board Room, Caxton House, Westminster, on Thursday, January 27th, the Chairman, Dr. F. H. Champneys presiding.

Since the last meeting of the Board, at which Dr. Stanley Atkinson was present, he has passed away, and Dr. Champneys moved from the chair:—

"That the members of the Board have heard with deep regret of the death of their colleague, Dr. Stanley Atkinson, and desire to convey their sincere sympathy with his family in the loss they have sustained." This was seconded by Sir William Sinclair and carried unanimously.

A letter was received from the Town Council of Norwich forwarding a resolution of the Health Committee of the Corporation suggesting that the Municipal Corporations Association should be represented on the Central Midwives' Board.

### REPORT OF STANDING COMMITTEE.

A letter was reported from the Clerk of the Council as to the proposed amendment of Rule B 3, so as to empower the Board to enrol women who, though qualified under Section 2 of the Midwives' Act, failed to claim the Board's certificate before April 1st, 1905.

Sir George Fordham moved that before the Rule was amended in this sense that the Board should take counsel's opinion as to the legality of such action. He pointed out that the Privy Council was careful to safeguard itself by saying, "Assuming the Board is competent to deal with this matter, thereby throwing the responsibility upon the Board. He was of opinion that the Board should be fortified by taking legal advice. He moved, therefore, that counsel's opinion be taken. This was seconded by Mr. Golding-Bird.

The Chairman pointed out that if the opinion obtained were adverse the Board would be cut off from further action, whereas, if they framed the rule, which would have to be sanctioned by the Privy Council before it was promulgated, they might be quite certain that the Privy Council would take the advice of the Law Officers of the Crown as to its legality.

Sir William Sinclair thought it most improbable that any exception would be taken if the Board chose to add names to the Roll, and Mr. Parker Young thought that in the interests of the ratepayers they should avoid the expense of taking counsel's opinion, and leave this to the Privy Council.

Sir George Fordham's resolution, on being put to the vote, was lost.

A letter was reported from the Clerk of the Portsmouth Guardians asking the Board to inspect the maternity block of the Portsmouth Infirmary, or to receive a deputation of the Guardians on the subject of the Board's refusal to recognise the In-

firmary as a training school. The Chairman said that the Infirmary had been rebuilt, and was said to be very specially good, but the number of cases admitted during the year was less than the minimum usually required by the Board in a training school. It was a question, in his mind, whether it was not desirable to cease recognising institutions altogether, and only to recognise teachers, but that was outside the matter at present before the Board. The Standing Committee recommended that the Board consent to receive a deputation, but a discussion took place in which it was pointed out that one of the arguments put forward by the Portsmouth Guardians in favour of the recognition of their school was that they were hoping to attract more women to their lying-in wards, the Board felt that in view of the stigma attaching to infants born in workhouses this was undesirable. Eventually it was considered that if the point which the Guardians desired to put before the Central Midwives' Board in person was the number of cases admitted, this could be ascertained by a less costly process, and the Secretary was directed to write to the Clerk of the Guardians and say that before receiving a deputation the Board would be glad of the latest figures as to the number of cases admitted.

A letter was reported from a candidate excluded from the April examination, 1909, under circumstances reported to the Board at the time, asking to be allowed to enter for a future examination. This was agreed.

A letter was received from Mrs. Buckland, Hon. Secretary of the East Malling Nursing Association, as to the refusal of a local medical practitioner to attend when summoned on the advice of a midwife in the manner provided by the rules. This medical man is reported to have written to Mrs. Buckland that the Central Midwives' Board has nothing to do with general practitioners, and that he had decided to ignore the peremptory notice on the official form when sent by midwives. Strong representations had been made to the Board without effect, and he would have nothing to do with it.

The Chairman said that this gentleman was behind the age, and Sir William Sinclair remarked that the letter showed "sheer rank ignorance and nothing else."

It was decided to reply that "the Board has no power to enforce the attendance of a doctor, even on the midwife's request, but that the Board understands that the Malling Guardians will pay the doctor for his attendance in suitable cases. In any event, the midwife has discharged her duty when she has advised, as directed by the rules, that the presence of a doctor is necessary."

The Secretary was authorised to remove the names of nine midwives from the Roll at their own request.

The resignations of Dr. Mary Thorne and Dr. A. M. H. Gray, as examiners, were received with



regret, and the following medical practitioners appointed to succeed them:—Mr. J. D. Barris, M.R.C.S., L.R.C.P., and Dr. Florence E. Willey. Dr. W. H. Cheetham, of Gislesey, was appointed an examiner for the Leeds centre.

The University of Durham, having been requested to recommend the name of an examiner to be appointed by the Board for the Newcastle-on-Tyne centre, Professor Sir Thomas Oliver was appointed to this position.

The Standing Committee reported that, having considered the suggestion made by Mr. C. E. Longmore, Clerk to the Herts County Council, that on the hearing of a charge alleged against a midwife, the Local Supervising Authority should have conducted the case, it recommended that the Local Supervising Authorities be asked to communicate their views on the subject. Sir George Fordham hoped this would not be done. He thought it would be a great pity to re-open the matter, and that the cases against the midwives should be conducted by the Secretary as heretofore. He had gone into the question with Sir Donald MacAlister, President of the General Medical Council, and their procedure was the same.

The Chairman pointed out that their position was not on all fours with that of the General Medical Council, inasmuch as that Council had nothing answering to the Local Supervising Authorities which made the preliminary inquiries into the facts locally, and decided whether or no there was a *prima-facie* case against the midwife impugned.

Mr. Parker Young pointed out that the resolution did not pledge the Board to more than finding out the feeling of the Local Supervising Authority on the question.

After considerable discussion, the recommendation of the Standing Committee was carried.

When Mr. Longmore appeared before the Board, we understood that the Herts County Council desire that the L.S.A. should be permitted, not required, to conduct the cases under their jurisdiction, and it seems reasonable that if the local authority, which is already in possession of the facts of the case, desires to present them to the Central Midwives' Board, it should be permitted to do so.

#### APPROVAL AS TEACHER.

The following medical practitioners were approved as teachers:—Mr. G. B. Elliott, L.R.C.S.I., L.M.; Dr. Ernest Martyn, Mr. F. M. Newton, M.R.C.S., and Mr. A. O. Way, M.R.C.S.

#### APPROVAL TO SIGN FORMS III. AND IV.

The following midwives were approved for the purpose of signing Forms III. and IV.:—Misses Clara Berry (No. 15518), Margaret Bartlett Clayton (No. 28298), Rose Louise Ledbrook (No. 28380), and Charlotte Elizabeth Lindsey (No. 24582).

#### THE CONGRESS ON ADMINISTRATIVE SCIENCES.

On the proposition of Sir George Fordham, it was decided that the Board place at the disposal of the British Committee of the Congress on the Administrative Sciences, to be held at Brussels in July, 1910, a set of the publications of the Board.

The next meeting was arranged for February 24th.

#### HOSPITAL ACCOMMODATION FOR PUERPERAL CASES.

At the meeting of the Managers of the Metropolitan Asylums Board, held on Saturday last, the General Purposes Committee, in reference to letters from the St. Pancras Board of Guardians, and the St. Pancras Borough Council, concerning the provision of hospital accommodation for puerperal septic diseases, recommended that a reply be sent to those bodies that the Managers are of opinion that an inquiry of the nature suggested by them could best be made by the Local Government Board. In the event of that Board deciding to add puerperal fever to the list of infectious diseases for which the Managers are required to provide accommodation, they would be prepared to make arrangements for the reception of certified cases in the hospitals under their control.

#### MORALITY IN RELATION TO HEALTH.

At the Midwives' Institute, 12, Buckingham Street, Strand, W.C., last week, the Hon. Albinia Brodrick spoke to an interested audience on "Morality in Relation to Health," and on Tuesday she spoke at Bristol on the same subject. So the good work goes on, and the light is spread.

### Chellalu.

"Do you think that only white babies are attractive?—you who stay at home that is, for those who are personally acquainted with black and brown ones could never make such a mistake—then read about Chellalu, in a charming book, "Lotus Buds," by Miss Amy Wilson-Carmichael, and see if Indian babies are not as winsome as any others.

"Chellalu! Oh you need ten pairs of eyes and ten pairs of hands, and even then you could never be sure you had her"—this was her nurse's earliest description. She was six months old then, she is three and three-quarters now, but she is what she was, only more so.

Before Chellalu had a single tooth she had developed mother-ways, and would comfort distressed babies by thrusting into their open mouths whatever was most convenient. At first this was her own small thumb, which she had once found good herself; but she soon discovered that infants can bite, and after that she offered rattle handles. Later, she used to stagger from one hammock to another and swing them. And often, before she understood the perfect art of balance, she would find herself, to her surprise, on the floor, as the hammock in its rebound knocked her over. She felt this ungrateful of the baby inside, but she seemed to reflect that it was going and knew no better; for she never retaliated, but picked herself up and began again. These hammocks, which are our South Indian cradles, are long strips of white cotton hung from the roof, and they make delightful swings. Chellalu learned this early, and her nurse's life was a burden to her because of the discovery.

# THE BRITISH JOURNAL OF NURSING

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XLIV.

## Editorial.

### DECOY DUCKS.

A mischievous suggestion made by Sir Henry Burdett on his journalistic tour, as a self-appointed critic of provincial hospitals, has been the establishment of private nursing institutions in connection with all hospitals. Mischievous because the organisation of such institutions is rarely undertaken by hospital committees except with the object of utilising the services of nurses to replenish the coffers of the institution, and the only just system upon which they can be employed, if it is desired that their services shall be obtainable for their private patients by the medical staff of a hospital, is the co-operative one, or, if a definite salary is paid them, after the expenses of the year have been met the profits of the undertaking should be divided between the nurses who have earned them.

The reason alleged by Sir Henry Burdett for the maintenance of such private nursing staffs is a financial one. In his view it is necessary that the nurses should act as decoy ducks to bring money to the coffers of the institution. He believes that to maintain an efficient private nursing staff, and give the first call upon their services to subscribers and governors of the institution "should mean a large addition to the subscription list, and so the financial position of the hospital would be strengthened immensely." Indeed, he goes further, and says that "a good private staff of nurses will become essential to every voluntary hospital, for in no other way can the economic conditions be fulfilled."

If nurses are so important a financial asset to the hospitals—assuming that they are willing to be exploited for gain in this manner—one would have supposed that their welfare would have received due con-

sideration; but in advising the committee of the Swansea General and Eye Hospital that the discontinuance of their private nursing staff had been a "serious error on financial and public grounds," Sir Henry Burdett advises the Board to re-establish a private nursing staff and to set apart the existing Nurses' Home for the use of this staff alone. Of this home he says it "is very badly planned, and is indeed about the worst building of the kind we have inspected in the West of England. It is most inconvenient to work and has few features of comfort or attraction." So much for adequate accommodation for the private nursing staff!

One advantage which is sometimes expected to accrue to a hospital to which a private nursing staff is attached, is that the nurses should bring in donations to its funds from their patients. But it is no part of a nurse's duty to obtain a subsidy from her patients, in addition to the fees which are charged for her services. A patient asked by the nurse who has cared for him during a serious illness may not like to refuse a donation, though, in addition to the heavy expenses which illness always brings, he may feel that he can ill-afford to give it. Business and philanthropy are best kept apart, and it is a mistake to expect nurses to act as decoy ducks, and to replenish the coffers of the hospitals to which they are attached by this method. Both patients and nurses are placed in a false position thereby.

To turn for a moment to another side of Sir Henry Burdett's comments on the provincial hospitals, a noticeable feature has been his fulsome and ill-judged flattery of the Matrons, which, we understand, has caused considerable annoyance in more than one instance. It is ill-judged because committees are but human, and it is not pleasant

to them to find their paid officers represented as everything that is perfect, and their rôle assigned to them that of drags on the wheel of the triumphal-car of progress; particularly when most members of country hospital committees take a deep and active interest in the welfare of the institution with which they are connected.

## Medical Matters.

### SCHOOL MEDICAL TREATMENT.

The Annual Report of the Chief Medical Officer of the Board of Education, reviewed extensively in the *British Medical Journal*, points out that the Act of 1907 gives power to local authorities to provide medical treatment if they think fit, and for this purpose to co-operate with voluntary agencies if by so doing it seems to them they can effect their purpose and yet avoid laying a burden on the rates. The responsibility of sanctioning any such schemes is thrown on the Board, and before sanctioning any substantial outlay on specific medical treatment it must be assured that the authority is really attempting to grapple with treatment in a broad and scientific way, and existing machinery must be utilised so far as possible before new agencies are created. Acting on these principles, most of the authorities have referred all cases of disease or defect in the first place to a private medical practitioner, for though it is the duty of the authority to find out what children require treatment, it is that of the parent to obtain it. The real problem at present facing the local authorities is:—(1) What is to be done when treatment is required which cannot be provided by an ordinary medical man? (2) What is to be done for those who cannot afford the expense of treatment? (3) What is to be done for children whose parents are irresponsible or indifferent on the subject? On these points no opinion is offered.

The work done by School Nurses partakes to some extent of the nature of treatment; but it throws a good deal of work into the hands of private practitioners, even if these are directly included in the local authority's scheme. Certain schemes have not been sanctioned by the Board because the supervision of the nurse by the school medical officer when treating children for minor ailments did not seem adequate. The Board has required that in all cases treatment by nurses shall be confined to ailments such as ringworm, vermin, and superficial sores, though in a limited number of cases it has approved the inclusion

of other conditions, such as conjunctivitis, discharging ears, and slight accidents.

When the services of a specialist, such as an ophthalmologist, are utilised, he may be regarded as part of the school medical staff. Schemes for providing spectacles free of charge have only been sanctioned when it has been shown to be impossible for the child to secure them through its parents or from voluntary associations, and when care is taken to secure adequate examination and proper prescription by medical men of suitable experience.

### THE PHYSICAL CARE OF CHILDREN.

Much interest has been taken, says the Vienna correspondent of the *Lancet*, in the meetings of a committee appointed by the Ministry of Education for the purpose of discussing the best methods of preventing the physical deterioration so noticeable amongst school children in the present day. When it was asserted by competent authorities a few years ago that the physical condition of the rising generation was not satisfactory much alarm was caused. These assertions were made with reference not only to Austria but to several other European States as well. The idea of conducting a scientific investigation of this problem was at once accepted by the then Minister of Education, Baron Gautsch, and it was his efforts mainly which caused the adoption of gymnastics as a regular exercise in the higher schools.

A valuable suggestion was made by several teachers of gymnastics, who recommended open-air sports and running as opposed to the present method of gymnastics in the Turnhalle, or room fitted up with ladders, ropes, and bars with which the children perform various evolutions.

The procedure to which most importance was attached, and justly so, was reliable, repeated, and early examination of all school children by specially appointed medical officers. When it is considered that in Vienna alone there are 250,000 children in schools, and that about 26 per cent. of them are underfed and without the benefit of pure air, it is evident that the first requisite is to supply pure air and pure food in sufficient quantities for them, and then to consider how to improve their development by bodily exercise. The outcome of the meeting was a resolution, addressed to the Ministry of Education, in which all the points mentioned above were elucidated, and financial support for the efforts which the committee is making was requested. As the recommendations will be carried into effect in a short time the physical development of the school children will no doubt be materially improved.



## Relation of Nurses to Massage.\*

*By a Doctor on the Committee of Sophiahemmet, Stockholm.*

The idea of massage, which is possessed at the present time, not only by the general public, but also by many doctors, does not signify much more than an easily learnt manual treatment for relieving various aches and pains. In opposition to this old-fashioned and superficial notion, it is important that it should be known, and that *great stress* be laid on the fact, that *massage is already a developed science*, and that it is becoming gradually more and more perfected and invaluable as an aid to the medical treatment of a multitude of internal and external ailments. This form of medical therapeutics demands not only a thorough technical skill in order to have full and entire effect, but also a certain amount of theoretical knowledge, especially in such subjects as anatomy, physiology, and pathology.

A specially-trained ability to discover by means of touch the pathological changes in a patient is also required from those who would practise massage, while physical strength, combined with extreme softness and lightness of touch, is most necessary. As massage is only a part of what is now often called "mechanical therapeutics" (cure of disease by mechanical means), and as a combination of massage and gymnastics is in many cases very necessary for the successful treatment of a patient, it will be easily understood that a thorough training in medical gymnastics ought to be taken by every would-be masseuse.

The question is now, Is the trained nurse qualified to give massage, and is it desirable that a nurse's education should include a full training in massage and the other subjects I have mentioned, which are so necessary to the successful practice of it?

It is true that many of the requisite characteristics of a good nurse and of a good masseuse-gymnast are the same, as, for instance, the love of nursing and healing the sick, the gift of observation, etc. Both need a certain grounding in medical knowledge, and the work of both, if it is to be of full value, must stand in subordination to the doctor's orders. But behind these general similarities are many important differences. The narrow and more mechanical sphere of work of the masseuse-gymnast would, perhaps, be a real trial to many women who are attracted by and filled with enthusiasm for the great, complex, and humane calling of nursing.

The groundwork of medical knowledge which

is necessary to the masseuse has to be used in such a much more restricted area than that of a nurse, and yet has, within its limitations, to be so much more thorough than hers. The qualifications, the work, and the aim of the two professions are, in my opinion, so different from one another, that most women who would try to take up both would soon find that they were serving two masters. Therefore it is that to both parts of the aforementioned questions I answer, No.

What I wish to impress upon the audience emphatically is—that no one who has only been trained as an ordinary nurse ought to practise massage, except under the direction of the doctor who has explained to her and shown her the exact manner in which the particular case is to be handled, as in many cases, such as in tuberculosis and thrombosis, the result would be most disastrous.

However, I do not mean to say that previous training as a nurse would not be a gain to the would-be masseuse-gymnast. One word more. The education and social standing of a trained nurse are already defined, and for this we owe a great debt of gratitude to English women. But how different it is with the masseuse-gymnasts! How shall we define their position? Doctors must first understand fully the great importance of mechanical therapeutics for the treatment of sick people; then they must realise that it is their duty to possess the necessary theoretical knowledge of it; and lastly, they must know how needful it is to have properly trained assistants at their disposal to give the treatment. Then two obstacles will be overcome. First, in the doctors who, without any special study, think they understand mechanical therapeutics; and secondly, in the gymnasts, who, with but a half knowledge of medicine, believe themselves to be doctors!

May the time not be far distant when in every hospital, side by side with the doctors and the nurses, we shall see also the masseuse-gymnasts (or whatever they may be called)—all in the service of healing, each with their own special training and their own clearly-defined work.

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Disinfection of school premises is profitable, it appears from an experiment made by the Bucks County Council. The floors of twenty-five schools under this authority were sprinkled nightly for a year with a solution of cyllin. The attendance at these schools improved so greatly that additional grants amounting to over £50 were earned, the non-disinfected schools showing no such improvement in attendance. The cost of the experiment was less than £30.

\* Read at the International Congress of Nurses, London, July, 1909.



## Our Prize for the Practical Nursing Article.

We have pleasure in awarding the Prize of 30s. to the Hon. Albinia Brodrick for her paper on "The Nursing of Children," which we publish below.

The competition, on the whole, has been disappointing. Twelve other papers have been received, not one of which comes, in our judgment, under the heading for which we offered the Prize. Some of these papers are interesting, but are more scientific and social than practical. For instance, "Notes on Superficial Anatomy," "The Use, Structure, and Repair of Bones," "Processes of Digestion." These are text book subjects. Then we have "Midwifery," a paper on the social conditions relating to lying-in women; "The Nursing Question," and so on. Not one paper on real, practical nursing—that is, the care and comfort of sick people so far as the nurse is concerned. We could have wished to receive papers on questions on which every well-trained nurse might throw new light.

## The Nursing of Children.

Children's nursing calls for our best faculties.

Children, like animals, are inarticulate, so that our powers of observation are taxed to the utmost.

Children in sickness change with a rapidity which calls for cool head and prompt action.

Children in the normal state are a mystery to most doctors, and still more a mystery in sickness. Therefore (low be it spoken) we must bring to bear upon our work for them all our powers of diagnosis, and present to the doctor such a convincing picture as shall enable him to form a clear opinion.

And, lastly, it is of the essence of things that the sick child, as a rule, should be unconscious that it is being nursed. Many a grown up patient consciously demands the whole time, attention, and mind of the nurse. The child is a delightfully unconscious and unself-conscious human animal, unless it has been hopelessly spoilt, and the less it is fussed over the better. But that is where the difficulty of good nursing of children arises.

Dr. Hutchison's simple advice, "Never look a baby in the face," lays down a law which obtains throughout all the care of sick children. Such care should, wherever possible, be indirect rather than direct. Children, thank Heaven, forget so soon, that half the trouble of sickness slides away from them, if nurse will

be wise and not bring back recollection unnecessarily upon them. And, on the other hand, children also remember too well, and if their little minds have once been filled with apprehension, their fear persists and recurs in a way so obstinate that it may take not only days but weeks to allay. This is why nurses who are hasty or rough, however kind or however well-intentioned they may be, should be debarred from contact with sick children entirely. It is a pitiful thing to see a child endeavouring to propitiate the grown-up human being on whom its little hopes depend, and who has scared it in a moment of hasty temper, almost beyond power of remedy.

A child is fundamentally dependent for physical health upon a healthy mental environment. It is true that it has a marvellous power of recuperation, which adults well may envy. But, on the other hand, the process going on in the little body is two-fold. It must always be remembered that, whereas in the adult patient repair is the only process during recovery, in the child repair is proceeding concurrently with growth. There is a double demand made by Nature, and any mistake in supplying that demand will inevitably result in a stunting somewhere of the forces of the body.

What help can the child give us as regards the symptoms of its illness and the diagnosis of the disease? With infants, the expression of pain and discomfort is by crying, by position and wriggling of the little body, and by the placing of the hands. These are its positive signs. But of even greater importance are those signs which are negative. If the baby will not suck, if the baby will not sleep, if the baby will not defecate or urinate, that baby has expressed quite clearly the fact of its sickness, and if it has a wise nurse, will have enabled her to draw many deductions.

As the child develops, we have the conscious statements succeeding these inarticulate expressions of infancy: "Oh, my head," "I am so thirsty," "Oh, it hurts," "Everything tastes nasty," "I'm so tired," "I don't want it." Each short statement conveys the statement of a symptom, and not merely the random expression of a sick child's impatience.

So far, the child's power of expression can carry us. Beyond those limits begins the practically illimitable field of the nurse's own observation. How are we to study the little patient so efficiently as to be enabled to help him forward on the road to betterment?

The sooner we recognise the futility of building from the top downwards, ignoring foundations, the quicker shall we have some chance

of becoming capable helpers of the little ones.

With children, even more than with adults, the first help towards cure, which is the aim of nursing, is a history of the family, the second the history of the child itself from birth. These are the foundations upon which the careful building up of stone by stone of the healing process must be firmly established. As regards the family history, illnesses of the father, illnesses of the mother, brothers, and sisters on either side, and the causes of any deaths. These questions will have special, though often not expressed, reference to tuberculosis, venereal disease, and alcoholism. The condition of the mother during pregnancy, the character and duration of the labour, history of previous abortions or stillbirths, the home life—all these need to be known. Then follows the life-history of the child itself from birth, its weight and increase in weight, whether breast or bottle-fed and for how long, the age at which dentition took place, at which the child first sat up, first walked, and was able to speak comparatively intelligibly, the accidents and diseases of its earlier years, its temperament and character. Every scrap of information which the mother can furnish, no matter how lengthily or how ignorantly given, must be patiently listened to and persistently sought. The orange must be dry before it is thrown away.

And then, concurrently and subsequently, the nurse plays for the first time her own unaided part. It is a wise plan, unless there is actual occasion for immediate action, to allow the child to become accustomed to your presence, before paying any or much attention to it. A wise hospital Sister used to say, "Best leave them mostly to themselves for twelve hours, and they will soon come round." This does not obviously imply neglect. Meanwhile you have your opportunity of studying the patient—a matter in which you should proceed systematically. Often you will know already from the doctor what you are fighting. Just as often the question will be an open one. Never forget the possibility of some degree of mental deficiency of a greater or lesser extent.

Note the quantity and character of sleep, the appetite or want of it, the amount of food taken, the irritability of temper, restlessness, the appearance of the eyes, the lines of the face, position of head, trunk, and limbs, condition of skin, whether dry or moist, of natural, earthy, yellow, or marble colour. Be on the watch for symptoms or expressions of pain. Take opportunity of ascertaining any lesion or bodily defect, observe the discharges from the body.

In the nursing of children there are a few

simple rules which it is always well to bear in mind. They are both a guard and guide.

Headache may be nothing but the result of eye-strain; sore throat may be largely produced by confined bowels.

Diarrhoea is commonly the result of a toxin in the body, which needs to be cleared away before any further action can be taken.

Restlessness proceeds quite as often from discomfort as from pain, and more often than is supposed from thirst.

A high temperature and quick pulse may be dependent on temporary excitement, on a bout of crying, or on constipation.

A depressed fontanelle in infants, an unclosed fontanelle at the 24th month, is always an indication that the child is sick.

If it were possible to write down any definite principles to govern the general nursing of sick children, who differ as one flower differs from another, I would say, endeavour first to establish a sense of confidence, then a sense of comfort, the two being often interdependent, get a regular and satisfactory evacuation of the bowels and action of the liver—the two are by no means synonymous—and only after that you may hope to attack the curative side of your work. Sometimes you will be astonished to find that your work is by that time almost half done.

To "never look a baby in the face" I would add "never touch a child with cold hands."

Bear in mind that increase of weight is often the earliest, and occasionally the only, appreciable sign of better things, especially in a prolonged illness. There is in this country a serious neglect of this simple aid to knowledge.

Bathing, both hot and cold, is, as the old books have it, "a sovran remedie," relaxing tired muscles, soothing irritable nerves, inducing sleep, that best of all remedies for childhood's ills. Never be afraid of bathing, unless the doctor forbids.

All these are but generalities. The secrets of soothing and smoothing and taking away not only pain but the idea of it, are the secrets which cannot be taught, though they may be learnt. More commonly they are evolved. The mere pat of a pillow, the good-night kiss, will bring rest sometimes to wide-open eyes.

All brightness, all gentleness, the nurse must be. A frown will bring the ominous pucker to a baby's mouth, a quick word will cut to the sensitive soul of a child. And withal she must rule firmly, if unostentatiously. If it needs, as need it does, an angel to nurse the nerve-stricken patient of our degenerate days, it takes, to deal efficiently with a child and a lunatic, an angel.

ALBINA L. BRODRICK.

### The Factory Nurse.\*

The successful work carried on by the Benefit Association and the Emergency Hospital has induced the Cleveland Hardware Company to employ a trained Nurse to give her entire time to this work. She is employed through the Visiting Nurse Association of this city, not only to get the benefit of their experience and supervision, but also to do away with the special employee. Our plan is to pay a stated amount to the Visiting Nurse Association, and they supply us with a nurse who gives her entire time, reporting both to the company and the Association. She takes complete charge of the factory dispensary, and has general supervision of the hygiene in connection with the entire plant.

She is in the factory dispensary every morning, and at that time is open to consultation for any employee. Her services are also given to any member of the employee's family. The work she has been able to accomplish during the year is beyond the limits of paper to explain. She makes a report of accident cases on a regular accident form, giving the information that is generally required by insurance companies. In addition to this she has a report in case of sickness in the home; this gives us such information as conditions of the home, patient's statement as to the causes of the sickness, and also a general statement from the nurse.

But probably the most interesting part of her work is a systematic investigation of the home of each employee, giving us generally information in connection with these home conditions. We have found this report very valuable, indeed, in understanding our working people, and, in a great many cases, our advantages of a larger contact with civic institutions have been able to materially aid our employees without any particular outlay on our part or the giving of charity in any way, simply an exchange of knowledge. This is especially true in connection with children of employees. We have been able, through our knowledge of the city dispensaries, to give aid in the correction of defects in eyesight, also very often in the deformity of limbs, where all that was necessary in the case of young children was slight medical attention, which the parents either did not understand could be had, or supposed they could not afford to obtain it. We have found in a great many cases, where employees have been in dire distress on account of their narrow vision of the work, by bringing them in contact with the broader, their troubles have been very greatly relieved.

\* Contributed to the International Congress of Nurses, London, July, 1909, by the Cleveland Hardware Company.

There has also been one considerable source of profit to the company, inasmuch as every department foreman understands in case a valuable employee does not report for work, he can immediately communicate the name and address to the nurse, and she will visit that employee's home, making a report by telephone as to just what the conditions are. In some cases we have found employees have left us without any notice, and in other cases we have found they were staying home without sufficient cause. In this way we have been able to eliminate a great deal of absence from our factory, and have gained much valuable time for machinery that might otherwise be kept idle awaiting the employee's return.

The work of the nurse is carried out with the office employees on exactly the same basis as it is with the factory employees, and we find in both cases it is very efficient and valuable.

#### *Factory Nurse's Summary for the month of April, 1909.*

Total number of patients (dispensary) ...	70
" " new dispensary cases ...	58
" " old " " ...	12
" " treatments ...	205
" " home patients ...	34
" " new home patients ...	15
" " old " " ...	19
" " new investigation visits ...	14
" " visits ...	122

Extract from remarks made by Mr. E. E. Adams, General Superintendent, to a meeting of the Visiting Nurses.

#### *Cleveland Hardware Nurse.*

"I feel in the Factory Nurse we have the greatest possibilities for the development of welfare work, and I wish I might create in each one of you so much enthusiasm for it that, as the work grows and other factories call for nurses, there might be no lack of applicants for the positions. The possibilities of such a position are limited only by the ability of the person holding it. To one interested in the general social uplift, the position, it seems to me, must be ideal.

"The average number of employees in one of Cleveland's large factories will number very close to 1,000 people, and very often more; and in averaging the families it is perfectly fair to multiply each one by five. That means that one of these great industrial institutions will have some 5,000 people dependent upon it. The population of Painesville, Ohio, is given as 5,025 people. Now, imagine holding a position that would allow you to administer to the welfare of every person in a village of that size, not to the poor alone, but all sorts and conditions of people that go to make up a town, and that through your influence a personal con-



tact could be brought about between all of them; that the prosperous man expected you to call his attention to and advise him what to do for the unfortunate man; that you were at liberty and expected to call in every home, and that your personal acquaintance with each one of this population was greater than that of any other one individual. This is about what is offered to the Factory Nurse.

"The wage earner is spending three-fourths of his working time at the factory, and those dependent upon him are members of one great co-operative community. Your Factory Nurse does not confine herself to one district or specialise in a particular kind of work, and in giving relief she has the resources of the whole community back of her. The expense of furnishings and supplies for her dispensary is such a small item in the general fund that they need not be considered. She has a large variety of positions for men out of work, and it is in her power to create a general feeling of co-operation between workman and foreman."

### A History of Nursing.

Miss L. L. Dock is now at work on the third volume of "A History of Nursing." It is to deal with the more important developments in the field of nurses' work from 1873 to 1910, and will be compiled by the members of the International Council of Nurses, and sold for the benefit of the International treasury, and will be edited by Miss L. L. Dock, the Hon. Secretary.

As strictly impartial history is not easily written of those who are still living and exercising the influence of their personality, this volume is presented rather as a set of chronicles than as a history in the academic sense, though it may claim the dignity of absolute accuracy of historical data and statement of facts, so far as its limits reach.

It is believed that, while its immediate interest and value may be largely confined within the membership of the profession of which it treats, it may also be not without significance as a partial record contributory to the larger subject of the social and economic changes in the status of women. The modern work of nursing in its whole extent is not only one of the fruits of the "woman's movement," but a very remarkable and picturesque part—an integral part—of that movement, despite the very general absence of "class-consciousness" discernible in the women who, absorbed as they are in the immediate fulfilment of their most practical and pressing duties, and strikingly free from self-consciousness, have been pressing towards each opening in their special work, and have wrought the manifold details of professional progress that characterise modern nursing as compared with its earlier forms.

From that point of view that shows the work of the nurse of the last four decades in its relation to the larger theme of an era in human emancipation and development, the details related in this volume may be justified as being of sufficient permanent importance to be offered to the public.

## The Matrons' Council.

### HOSPITAL KITCHENS.

#### DISCUSSION.

The discussion that followed the reading of Miss Musson's most excellent paper was extremely interesting, but discursive and conversational in character. The following ladies, amongst others, took part in the discussion:—Miss Isla Stewart, of Bartholomew's; Miss Haughton, of Guy's; Mrs. Walter Spencer, Miss Marquardt, of Camberwell; and Miss Kingsford.

Points of interest touched upon were:—

(a) *Lady Cooks.*—The general consensus of opinion was undoubtedly in their favour. Under suitable conditions they were good disciplinarians, economical, and generally satisfactory. Their cooking powers naturally varied according to the individual, one lady cook showing greater gifts in dealing with bulk cooking, others for smaller and daintier dishes. Miss Isla Stewart made the fact of their suitability for large and up-to-date hospital establishments very clear; but the debate did not actually settle the point as to their adaptability for smaller and less perfect establishments.

(b) *Carving.*—The economy of good carving was discussed. Here, again, Miss Stewart supplied the Council with information, explaining how enormous the saving had been since the institution of a trained male carver for the nurses' dinners at St. Bartholomew's Hospital. Miss Stewart estimated the saving at two joints per day. Miss Musson explained how the Birmingham General also employed a specially trained porter for the purpose.

(c) *Kitchen appliances* were discussed. Steam cooking was generally approved of, where the arrangements were perfect, but it was so little under the control of the kitchen staff, that it did not practically work out as well as it sounded theoretically. Miss Marquardt gave an excellent illustration of the failure of an otherwise excellent gas stove through faulty fixing. Teak sinks had their advocates, who thought they prevented the breakage of china, and their objectors, who thought they were liable to become saturated with grease. The Leeds Infirmary had had to remove their wooden sinks after a short life on that account. One member gave a harrowing account of the tanks of hot soap and soda water in some hotels, which were only emptied about twice a week.

(d) *Meat.*—Naturally the discussion opened with a reference to the relative value of fresh and frozen meat. Whilst all were agreed that fresh meat was preferable, and wasted less in cooking, it was allowed that the price was prohibitive for some institutions. Miss Kingsford remarked very aptly that frozen meat itself varied considerably, the same contractor often supplying excellent meat of good flavour in one consignment and of very much inferior quality in the next. It was generally agreed, however, that much of the meat supplied as fresh was really frozen, and that it was often very difficult to distinguish, owing to the improved methods used in preserving the same. The fact that good meat was often spoilt in the cooking,



either through carelessness or lack of a proper knowledge of the appliances provided, was generally allowed.

(c) *Provisions* generally were discussed, and Mrs. Walter Spencer mentioned, as a fact known to her, that one hospital accepted a contract for milk at a lower price than milk was actually fetching on farms. All were agreed that unduly low contracts for provisions constituted a danger.

The discussion then passed into a general conversation respecting the food served in hospitals, both to the staff and the patients, and so diverse were the opinions expressed that one came to the conclusion that the standard of living was far from uniform in the various institutions represented. Mrs. Walter Spencer struck the right note when she advocated plain, well-cooked food, properly served, as the object to be aimed at.

The members of the Council had answered each other's questions so readily, and the discussion had been so conversational, that Miss Musson was not called upon to reply.

M. MOLLETT, Hon. Sec.

### The Irish Matrons' Association.

At a meeting of the above Association, held in Dublin in January, it was proposed and passed unanimously that Miss L. V. Haughton, Matron of Guy's Hospital, London, be asked to become an Hon. Member of the Association. At a meeting held on February 5th, the Hon. Officers for the year were elected. President, Miss M. Huxley. Treasurer, Miss B. Kelly, Lady Superintendent, Dr. Steevens' Hospital, Dublin. Hon. Secretary, Miss A. Reeves, Lady Superintendent, Royal Victoria Eye and Ear Hospital, Dublin.

A letter was received from Miss Haughton, accepting the honour of honorary membership.

Miss Keogh, Lady Superintendent of the Richmond Hospital, read a very interesting paper on "The Training of Probationers," which was afterwards discussed. A. R.

### The Irish Nurses' Association.

One of the most hopeful signs in the Irish nursing world is the co-operation amongst Matrons and nurses of various religious opinions to secure a high standard of nursing efficiency through State Registration. The sick of the community are the sacred charge of all irrespective of religion or politics. This is the only basis of opinion upon which can be built up an efficient professional and ethical standard of nursing.

Some time ago Sister M. Albeus Fogarty, the Matron (who is a nun) of the South Charitable Infirmary at Cork, greatly to the pleasure of her sister Matrons, became a member of the Matrons' Council of Great Britain and Ireland.

Sister Albeus Fogarty has now become a member of the Executive Committee of the Irish Nurses' Association, and has used her good influence with most gratifying results, in encouraging nurses, sisters, and probationers on the staff of the South Charitable Infirmary to join the Irish Nurses' Association, and thus help to build up a really national league of Irish nurses. There is little doubt that State Registration will soon be an accomplished fact in the United Kingdom, and the more united the nurses are when it comes the better.

We have pleasure in publishing a list of the new members of the Irish Nurses' Association:

#### NEW MEMBERS.

##### SOUTH CHARITABLE INFIRMARY AND COUNTY HOSPITAL, CORK.

Night Superintendent: Sister K. Carton.

Charge Sisters: D. McCullogh, N. Cremin, E. Copley.

Staff Nurses: K. O'Keefe, H. Martin, M. Roche, K. Cave, A. Fishley, M. Hayes, C. O'Sullivan, M. O'Riordan, L. Collins.

Probationers: N. Bennett, A. Buckley, B. Healy, E. Lacey, L. Buckley, E. Ellis, L. Aherne, L. O'Connor, A. Murray, K. Keller, I. Perrott, N. Madigan, S. Murray, E. Duggan, R. O'Brien, E. O'Keefe, A. Shorten, K. Crowley, E. Wolfe, H. Russell, K. Moore, L. Walsh, E. Sweeney, A. Henderson, K. O'Driscoll, N. O'Mahony, N. Horan, S. Baker, M. Hill, J. Greene, M. Kearney, H. Horgan, E. Dineen, K. McCarthy, M. Lordon, M. Burke, M. O'Sullivan.

##### TIPPERARY COUNTY INFIRMARY, CASHEL.

Matron: Miss H. Bayly. Nurses L. Millett and E. Kelly.

##### BELMULLET HOSPITAL, CO. MAYO.

Nurse L. Monaghan.

### The £100 Registration Fund.

	£	s.	d.
Brought forward	38	3	6
" One Interested in State Registration "	10	6	
Miss Dalghish	7	6	
Miss Emily Hughes	5	0	
	£39	6	6

#### COLLECTING CARDS.

Name of Collector, Miss Emily Dinnie			
Mrs. Maurice Best	1	0	
Mrs. Pleydell Nott	1	0	
Miss Bell	1	0	
Dr. G. H. Steele	1	0	
Mrs. G. H. Steele	1	0	
Mrs. Preston	1	0	
Mrs. Viner	1	0	
Mrs. Burley	1	0	
Mrs. Stewart	2	6	
	10	6	
Total	£39	17	0

## Progress of State Registration.

## State Registration in Finland.

### STATE REGISTRATION IN THE UNITED STATES.

We publish below a continuation of the letters received by Miss L. L. Dock from Registration authorities in the United States, proving that the statements made by the anti-Registration Press (lay nursing journals) that Registration is a failure in the United States are not true.

#### TEXAS.

Board of Nurse Examiners for the State of Texas.

DEAR MISS DOCK,—In reply to your letter, I beg to say that Registration has done for the graduate nurse what nothing else could; it has brought it before the public, and everybody has been educated to the fact that it means hospital training for educated women. It has also put to rout the correspondence graduates, and they are not getting the work they did a year ago. As for Registration being a failure in Texas, it is only in its infancy; we hope to make a decided improvement, not only in the training schools, but some of the small hospitals will, no doubt, have to employ nurses, and let their training school go.

It has put before the public what nurses never could have done individually in Texas in a hundred years. I believe that Registration will be national in a year or so, and I even now have calls from everywhere in the State for nurses who are registered. It has not failed here; it has raised the standards for patients, doctors, and nurses themselves. I could tell you more, but it is enough to let Great Britain know that there is at least one State that has not failed, and it is the largest State in the Union. Even in Mexico they send to El Paso for R.N. nurses. I hope this information will be what you need.

Sincerely yours,

F. M. BEATTY,  
*President.*

#### COLORADO.

State Board of Nurse Examiners, Denver,  
Colorado.

DEAR MADAM,—Your letter to Miss Laura A. Beecroft, President, of Pueblo, has been referred to me for reply. In Colorado we see great benefits resulting from State Registration for nurses. Formerly, there was nothing to prevent a nurse who had been dismissed from an Eastern Training School before graduating from coming here and posing as a graduate. A number of such have been exposed, together with graduates from correspondence schools.

Because Registration has been obligatory, all graduate nurses in the State have been obliged to open their eyes to the progressive movement of the profession. Training schools have materially raised their standards of instruction.

Sincerely,

MARY B. EYRE,  
*Secretary.*

The one universal echo of the International Congress of Nurses which was heard on all sides after the event was, "What splendid women they all were," referring, of course, to the official and fraternal delegates who attended from our Colonies and abroad. "How earnest of purpose; what high professional ideals; how intelligent; how simple and loyal." Then followed the question:—"How is it they are getting ahead of us in so many ways? How do they get their legislatures to grant them legal status? Why are we so much more material in many ways than our colleagues from other countries? Answers to such questions are not always palatable, yet we should look the reasons straight in the face—that is to say, if we wish to rise to their plane. The truth is, the middle classes, from which the majority of our nurses are recruited, are not subjected to a sensible system of disciplined education, many of our ideas are snobbish and demoralising, we are not taught to revere good honest work, and we are essentially apathetic and lacking in moral force. Industrially and professionally we offer ourselves a willing sacrifice to every needy exploiter who comes along; as women we have no citizenship, as nurses no legal status. The answer why others are giving us the lead in professional matters is because they are better women than we are—more self-respecting, more self-sacrificing, and more loyal; less petty, less apathetic, and, to be quite frank, less selfish.

Once again we must take a back seat. And this brings us to a piece of very good news from Finland, which Baroness Mannerheim, President of the Finnish Nurses' Association, shall tell us in her own words:—

#### "Surgical Hospital, Helsingfors.

"I must write to tell you our good news about registration. The new Regulations for Nurses have got the approval of the Medical Board, and are now before the Senate, where they will, in all probability, also be passed. After that they must go before the Emperor (of Russia), but we are full of hope, now that the Medical Board is on our side.

"The new Regulations mean a two years' curriculum of training preceded by a three months' preliminary training, a State examination, followed by the entry of the names of nurses in a State Register. It means also higher fees for nurses in the Government hospitals, whose example will, of course, be followed by all the private and town hospitals. It means additional fees after 10 and 15 years' service and a pension at the age of 50, after 20 years' service, when a nurse will get the whole of her first appointments yearly. To us all this seems too good to be true. We certainly would have liked to get the three years' training, but I think this would have seemed such an impossibility to the authorities that we would then scarcely have got anything. Now we shall work towards that goal, and we shall certainly reach it, and in not a too distant future either.

"What has to me been nearly the most wonderful part of it all is that we have nearly all the medical world on our side. In the Committee

which worked out the new Regulations there were only two nurses to four doctors, and the Medical Board, when passing the regulations, voted higher fees and pensions than we had dared to ask for.

"When I think of the opposition all things touching the bettering of nurses' conditions have met with in many countries, it makes me feel undeservedly happy in Finland in that respect."

This is indeed splendid news, and all good registrationists will join with us in conveying to our friends in Finland cordial congratulations—that in a few months'

time they will have accorded to them rightful recognition for their profession by the State. Women in Finland enjoy full citizenship and equal suffrage with the men, and they sit side by side with them in Parliament. It is therefore no surprise to us that their fine work for the community is appreciated, and their sex treated with wholesome respect and courtesy, instead of with the revolting derision, contempt, and cruelty meted out by our legislators to the women of Britain—a condition of servitude which many of our women have not the dignity to resent.

We have only one consolation—we in England began Registration reform. Twenty-two long years ago we clearly realised that justice to sick people demanded efficient education and organisation by the State of trained nurses, and even if we have not won first, we have shown the nursing world at large that the good old British love of justice is instinct in a minority, and that we have fought for right with a determined tenacity of purpose which proves our mettle far more than an easy victory could have proclaimed.

The Finnish nurses have been happy in their charming leader, Baroness Mannerheim, and she has also been fortunate in having the support of many strong and intelligent women to help her. The four delegates who represented the Finnish Nurses' Association at the International gathering in London made a deep impression on all who came in contact with them.

We have much pleasure in presenting to our readers the portraits of four distinguished members of the Association of Nurses of Finland, who have

done good work in furthering the registration movement in that country, and all of whom were in London last year as the delegates of the Association to the International Council of Nurses.

Mrs. Olga Lackström is the Editor of *Epione*, the Finnish nurses' journal, and the Superintendent of the Bureau for Private Nurses in Helsingfors.

Miss Ellen Nylander is the Secretary of the Association, and the Superintendent of its Preliminary Training School.

Miss Naëma Bergström is the Sister in the Out-patient Department at the Surgical Hospital, Helsingfors, and

Miss Sonja Korenoff, Matron of the Maria Hospital in the same town.

Those who had the pleasure of meeting these ladies during the Congress week were much impressed by their earnestness of purpose and their

keen desire for the progress and honour of their profession, as well as by their personal charm. We believe they are typical of the nurses of Finland, and a country which possesses women of so high a type must help to raise the standard of nursing as a whole, and the public estimation of nurses as a class.

It is interesting to know that the foundation of *Epione*, the Finnish Nurses' Journal, was decided on by the President of the Association, Baroness Mannerheim, after the Paris Conference. As was to be expected, it has proved a most useful agent in teaching the members to realise their community

of interests, and to increase their feeling of fellowship. It has also been the means of raising a sum of money to found a sick fund, the need of which had been for some time keenly felt.

Baroness Mannerheim's ideal nursing curriculum, as briefly outlined to the International Nursing Congress, is that

after three months' uniform preliminary training the pupils should pass on to a general hospital, and spend the probationary period there, and afterwards as junior staff nurses, spend half their time in the wards of a general hospital, and half in different co-operating hospitals, dealing with special branches. They should then return to their alma mater for experience in teaching probationers and hospital management.



Mrs. OLGA LACKSTRÖM,  
Editor of "Epione."



Miss ELLEN NYLANDER,  
Secretary, the Association of Nurses  
of Finland.



Miss NAËMA BERGSTRÖM,  
Sister, Surgical Hospital,  
Helsingfors.



Miss SONJA KORENOFF,  
Matron, Maria Hospital,  
Helsingfors.

## Practical Points.

An improvement in railway service, says the *Newcastle Chronicle*, which is destined to benefit the public more than many of the "innovations" of recent years is the modern, well-equipped hospital car, a number of which have just recently been built by the Southern Pacific Railway Company, and located at various of their traffic centres for use in connection with railway disasters. There have been hospital cars before, but never one like this. The vehicle is a combination of the best of private cars, and the ready-for-service and give-every-comfort equipment of the modern hospital. The idea is to give not only quick and efficient aid to the injured, but to transport the sufferers with the greatest possible comfort, attended by nurses, surgeons, and all necessary appliances to the nearest hospital. In the event of a serious railway accident one of these cars, attached to a special railway engine, and possibly attended by a baggage car, is hurried to the scene, carrying surgeons, nurses, and all the usual emergency appliances for the patients. The car is about 67 feet in length, and has been so designed that patients may be lifted into stretchers through double doors, placed upon the operating table, and then readily and comfortably put into berths with the greatest ease. The operating room, provided with double swing doors on either side, is so arranged that injured passengers may be brought to the operating table, or to the beds, without having to be lifted from the stretchers, and each bed is so arranged and equipped that the stretchers can be moved into the spaces usually occupied, by the mattress, and allowed to remain there, thus obviating the suffering which might result from the transfer of the patients from one to the other. By means of sliding doors absolute privacy when operations are being performed or injuries dressed is obtained. By a patent mechanism the berths, when not in use, may be lowered into dustproof spaces under the floor, and in the space vacated by them are placed easy chairs and tables for dining, reading, and writing. Thus part of the car can be used as a drawing-room, while the remainder is occupied as a sleeper. In addition there is a private room with stationary bed, toilet, shower bath, lavatory, and lockers for the use of the surgeons in charge; an observation room with extension sofa, that can be transformed into upper and lower berths at night; and two revolving stationary chairs, kitchen quarters for nurses and servants, and every needed convenience for surgical apparatus, medicines, and supplies. There is a storage room for stretchers, a heating apparatus, a refrigerator, numerous lockers and wardrobes, and "all the comforts of home" arranged in the most compact and effective manner. The car generates the electricity required for its own illumination. On the Southern Pacific Railway these emergency hospitals have proved a decided boon, especially when required at places far removed from towns or cities provided with hospital accommodation.

## Appointments.

### LADY SUPERINTENDENTS.

**Stanley Hospital, Liverpool.**—Miss Mary Aspinall has been appointed Lady Superintendent. She was trained at the Guest Hospital, Dudley, where she afterwards held the position of Sister. Subsequently she held the position of Sister for four years at the Stanley Hospital, Liverpool, and for eighteen months has been Assistant Matron in the same institution.

**Nursing Home, Stratford-on-Avon.**—Miss Cottam, Matron of the Stratford-on-Avon Hospital, has been appointed Lady Superintendent of the Nursing Home in succession to Miss Moseley, who has resigned the post after seventeen years' much appreciated work.

**Thompson Memorial Home, Lisburn, Co. Antrim.**—Miss Fairhurst has been appointed Lady Superintendent of the Thompson Memorial Home, Lisburn, Co. Antrim. She at present holds the position of Matron of the Infirmary and Dispensary, Tiverton, Devon.

### MATRON.

**Faversham Cottage Hospital.**—Miss Lily Seaton has been appointed Matron. She was trained at the Metropolitan Hospital, Kingsland Road, London, and has also worked on the staff of St. John's Hospital, Lewisham, and of the Kent and Canterbury Hospital, Canterbury.

### ASSISTANT MATRON.

**Union Hospital, Sheffield.**—Miss Florence E. Carter has been appointed Home Sister and Assistant Matron. She was trained at the Union Hospital, Sheffield, and the South-Eastern Hospital, New Cross, under the M.A.B., and has held the position of Charge Nurse at the Wanstead Cottage Hospital, Essex, the Eastern Hospital, Homerton, and the Smallpox Hospital, Dartford. She has also held the positions of Ward Sister and Night Superintendent at the City Hospital, Sheffield. She has had experience in private nursing and is a certified midwife.

### SISTERS.

**Salford Union Infirmary.**—Miss Marion E. Freeman has been appointed Sister. She was trained at St. Mary Abbot's Infirmary, Kensington, and has been Sister at the East Lancashire Infirmary, Blackburn.

**Jaffray Hospital, Eddington.**—Miss Florence Nicholson has been appointed Sister. She was trained at the Cottage Hospital, Bromley, and has worked for eighteen months at the Trained Nurses' Institute, Weymouth, and been Sister for 9½ years at St. Bartholomew's Convalescent Home, Swanley, Kent.

### NIGHT SUPERINTENDENTS.

**Southwark Infirmary, East Dulwich.**—Miss E. L. Martin has been appointed Night Superintendent. She was trained at the Poplar and Stepney Sick Asylum, where she subsequently held the positions of Staff Nurse and Sister; she has also been Charge Nurse under the Metropolitan Asylums' Board at the South-Eastern Hospital, New Cross, and Sister at the St. Pancras South Infirmary. She has also had experience of private nursing.

### STAFF NURSE.

**British Hospital, Port Said.**—Miss Mabel P. Cato has been appointed Staff Nurse. She was trained at



Kokstadt Hospital, S. Africa, and in midwifery and gynaecology at the Rotunda Hospital, Dublin, where she has been Staff Nurse for the past two years.

#### QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

*Postings and Transfers.*—*Matrons:* Miss C. H. Potts, to Military Hospital, Chatham. *Sisters:* Miss C. T. Bilton, to the Queen Alexandra Military Hospital, Grosvenor Road, London, S.W.; Miss L. E. Mackay, to Military Hospital, Cairo, Egypt; Miss D. M. Taylor, to Military Hospital, Alexandria; Miss E. M. Denne, to Military Hospital, Wynberg, South Africa; Miss G. M. Allen, to Cambridge Hospital, Aldershot; Miss E. H. Hordley, to Cambridge Hospital, Aldershot; Miss E. M. Lang, to Military Hospital, Devonport; Miss H. A. Hare, to Military Hospital, Tidworth; Miss G. S. Jacob, to The Alexandra Hospital, Cosham; Miss A. Barker, to Royal Herbert Hospital, Woolwich. *Staff Nurses:* Miss J. H. Congleton, to Military Hospital, Tidworth; Miss E. K. Kaberry, to Military Hospital, Alexandria, Egypt; Miss A. S. Siddons, to Royal Victoria Hospital, Netley; Miss S. W. Wooler, to Military Hospital, Colchester; Miss E. G. Barrett, to The Queen Alexandra Military Hospital, Grosvenor Road, London, S.W.; Miss A. S. Siddons, to Military Hospital, Edinburgh.

*Appointments confirmed.*—*Staff Nurses:* Miss J. A. M. Stewart, Miss H. C. Johnston.

The undermentioned Staff Nurses resign their appointments:—Miss E. G. Barrett, Miss E. C. Ellis (February 2nd). The undermentioned ladies to be Staff Nurses (provisionally):—Miss J. Todd, Miss F. L. Trotter (January 20th).

#### QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

Her Majesty Queen Alexandra has been graciously pleased to approve the appointment (to date January 1st, 1910) of the following to be Queen's Nurses:—E. M. Burnside, H. M. Compston, K. Langston, H. Carrie, G. M. Hughes, N. Johnstone, J. H. Scott, E. Cunningham, M. R. Mills, H. Wynne-Edwards, D. M. Annear, S. J. Finlay, M. Hann, L. Hopwood, E. M. Jeffreys, E. L. Suche, E. M. Terrill, G. J. Wellard, E. L. Wright, A. Harper, J. Bröchner, A. M. Daniels, E. M. Tubbs, E. M. Vickery, E. B. Keat, W. A. Spong, E. Webster, E. Greenwood, B. Dundas, A. D. Routledge, J. B. McFadden, H. E. Hodgson, E. Gilleece, E. Hicks, E. M. Marwood, S. J. Cooke, E. E. Newton, M. Shore, E. M. Andrews, D. Grey, H. Sewart, A. M. Tabor, K. E. Young, L. M. L. Appleford, H. Fowkes, M. Bamford, E. Robinson, A. E. Green, H. Wilks, J. N. Armstrong, G. Carter, E. Ferguson, H. G. Gilbert, E. Lamb, I. A. Larnoch, H. A. Millar, S. M. J. Nimmo, J. T. Paterson, S. Roberts, A. B. Brown, M. D. Grainger, E. R. Marsh, I. Maclean, W. N. Samson, E. M. Taylor, K. Byrne, L. W. Emery, F. J. Hall, R. Hayes, A. Kelleher, L. A. Brabazon, M. E. Caulfield, R. McAlister, M. Miller, M. Rennicks, R. Winfield.

## Nursing Echoes.



The annual meeting of the Hammersmith and Fulham District Nursing Association was held on February 8th in the Hammersmith Town Hall, presided over by the Mayor of the Borough. He opened the proceedings by announcing a serious reduction in the reserve fund, and pointed out the difficulty of raising money in a neighbourhood composed of a class which had practically no municipal interest, and where a local spirit was almost non-existent. Mr. E. G. Von Glehn moved the adoption of the report, and asked the help of ladies to organise systematic collections.

The Bishop of Kensington made an eloquent speech, and said that if in London the forces of social evil were great, the amelioration of suffering was quite as pronounced. It was perfectly obvious that the very mention of such a society of district nursing as that ought to be quite sufficient to bring adequate support.

Here in Hammersmith were tender, skilful women ready for the work, and having once said that, why was it necessary to beg for funds? There was a good deal of romance in figures, and he asked those present to use their imagination as to what it meant when they read in the report how many were relieved during the year. How delightful to be allowed to touch such a work with even the tips of one's fingers. If only people who live in London would care to know something of its wastness, and of the living or starving of their co-citizens, there would be fewer of these pathetic appeals for help. Anyone who had known the blessing of trained and skilled nursing in their own home, should at least be willing to minister this same gift to their less fortunate brethren.

If there was any bridge that could span the gulf between classes it was sympathy, and here it was with tender skilful nursing ready to care for those who were sick and helpless in their poor little homes.

The Mayoress of Fulham appealed for gifts of linen and surgical appliances.

After the meeting, tea was provided at Carnforth Lodge by Miss Curtis, the Lady Superintendent, and the nurses to celebrate the twentieth anniversary of Queen's nurses in the district. An exhibition was also shown of nursing appliances, and many practical and inexpensive inventions by district nurses were to be seen. An interesting feature

was the stall of fine needlework made by a Guild in connection with the Institution for the employment of cripples, some beautiful embroidery being the work of one-armed girls. There were also examples of exquisite smocking.

The quarterly report of the Queen Victoria's Jubilee Institute for Nurses (Scottish Branch) states that there are now 208 district nursing associations affiliated to the Institute in Scotland, and that the number of Scottish Queen's Nurses is 323. The Scottish Council are directly responsible for 10 Queen's Nurses and 23 Queen's candidates, of whom two are receiving training in general infirmaries, and 21, having already completed three years' training in general hospitals or infirmaries, are undergoing special training in district nursing in the Scottish District Training Home. During the period 11 nurses completed the six months' special training and were engaged by Committees of affiliated Associations at Dysart, Kirkcriston, Fair Isle, Stirling, Ardrishaig, Wick, Lochbuie, Musselburgh, Inverness, and Renfrew. The Inspectors made 108 visits to nurses in local branches, and reports were forwarded to the respective Local Committees. A new branch was formed for Inverkeithing, North Queensferry and District, and a Queen's Nurse began work there in November. During the three months 1,527 cases were nursed in Edinburgh by the nurses from 29, Castle Terrace, involving 30,411 nursing visits.

One wonders how the poor in Edinburgh got on before this beneficent Institute was originated!

In a recent number of the *Prague Medical Weekly* an Austrian medical man gives an account of a visit to some of the British hospitals last summer, and his comments are sometimes not altogether favourable to the construction and organisation of some of these. When he came to Dundee he visited the Royal Infirmary, and the following is, shortly, his description of what he found:—"I was most favourably impressed by the clinical hospital (Royal Infirmary) of Dundee. By the kindness of one of the doctors I had the opportunity of being present at a surgical operation. The arrangements were most satisfactory, and everything was carried out according to the strictest aseptic and most modern ideas. The favourable impression was much increased by the refinement and excellence of the nurses, who are chosen, as almost everywhere over Britain, from the educated classes. By their knowledge and skill they are able to give the physician and surgeons assistance of a character very different from that which one is accus-

tomed to receive from the ordinary nurse in our German hospitals."

An urgent appeal is being made for contributions in order to make it possible to carry on and extend the beneficent work done by Lady Dudley's Nursing Scheme. The object of the scheme is to establish and maintain fully qualified nurses in the poorest districts of the West of Ireland, to render professional services to patients in their own homes, free of cost, and to educate them in the principles of hygiene and sanitation.

Professor Symmers lectured last week on Bacteriology, before the Ulster Branch of the Irish Nurses' Association, at the Club Room in Belfast. The lecture was illustrated with lantern slides, and was very instructive. Needless to say, the nurses present thoroughly appreciated it.

The Gürzenich at Cologne, where Sister Agnes Karll hopes to convene the International Congress of Nurses in 1912, is an extremely interesting building, having been built in the fifteenth century in order that the Town Council might have a "Herren Tanzhaus" and banquet saloon, in which to entertain distinguished guests with a magnificence worthy of the city. The first grand festival was held there in 1475, in honour of the Emperor Frederic III. In the 17th and 18th centuries it fell into decay, and was used as a magazine till 1857, when it was thoroughly renovated by Jul. Raschdorff, and restored to its original uses. It is the finest of the ancient secular edifices of Cologne, and the nurses of the world will appreciate the honour of holding their meetings in this historic building.

The *International Hospital Record* reports that at a recent meeting of the Illinois State Association of Graduate Nurses, in the interest of a movement to create a picked body of trained nurses to be affiliated with the national Red Cross organisation, Miss Jane A. Delano, Superintendent of the Army Nurse Corps, expressed the opinion that the United States is absolutely unprepared to equip its army with a nursing force adequate to the demands of a big war. "There is no time to be lost in organising a reserve corps of nurses," she said. "Nothing protects a nation so much as preparedness. Japan and the nations of Europe are far ahead of us in this regard. It is estimated that 10,000 nurses would be required by the United States in a war with a first-class power. Not every trained nurse can do such work." Miss Delano advocated the creation also of a reserve force of men trained to render first aid to wounded in time of war.

## The Hospital World.

### THE LEICESTER INFIRMARY NURSES' HOME.

The opening of the new Nurses' Home at the Leicester Infirmary on Tuesday last by Mrs. T. Fielding Johnson marks a red letter day in the history of the Infirmary, and the nurses of this splendid institution will now have a Home second to none. Some idea of its extent and proportions will be gathered from the illustration which we have pleasure in publishing on this page. The Home has a long frontage facing south, and running back from this main building, east and west, are three blocks, the centre one of which is a large recreation hall and lecture room, a most valuable and necessary addition to a nurses' training school. The left-hand block, as one faces the main entrance contains the library, several bedrooms, and an isolation room; the right-hand one the housemaids' sitting-room and various domestic offices. On either side of the hall in the main building are spacious sitting rooms for nurses and probationers, the Home Matron, and the Sisters' sitting-rooms, a "quiet" room, linen room, and kitchen. All of these open into the main corridor, which is connected through the hall with a vestibule with glass roof and corridors similarly glazed, which will form a kind of winter garden. The majority of the bedrooms on the floors above occupy the long frontage facing south, and open into the long corridor. The aspect is thus pleasant and sunny, and each room has a fireplace.

The Home, which is conveniently arranged, and on the furnishing of which much thought and trouble has evidently been expended, so that it may be a real home to the nursing and domestic staff, was designed by Messrs. Everard, Son, and Pick, of Leicester, to whom

great credit is due. The cost, including the furniture, is over £22,000, and its completion brings the provision for the nursing staff of the Infirmary to a level with the very high standard of efficiency and comfort for which the Infirmary itself is renowned.

The Home is Georgian in character. Much attention has also been paid to the employment of materials of a fire-resisting nature, and all the floors are of concrete. In the corridors they are finished with terrazzo, and in the sitting-rooms and bedrooms "Stonwood," a seamless material, which is found satisfactory in use, is employed. Great attention has been paid in constructing the building, to avoid

occasion for unnecessary cleaning. The Home will be heated by steam, so that it is anticipated the bedroom fireplaces will be used principally as a means of ventilation, although in case of sickness they may be useful.

It will be remembered that the memorial stone of the building was laid by the Matron, Miss G.

A. Rogers, who has done so much for the Infirmary, and for the nurses trained in the Nursing School connected with it, during the twenty-six years in which she has held this position. This stone is in a prominent place over the garden entrance in the centre of the main front elevation, and will serve to remind succeeding generations of probationers how much the nurses of the Leicester Infirmary owe to the Matron under whose supervision the School attained a reputation second to none.

Associated with Miss Rogers is a most efficient staff of Sisters, who loyally and ably aid her in maintaining efficiency.

The opening of the Home took place at 3.30 p.m., but previously at 12.30 another interesting ceremony had taken place, namely, the presentation of Badges to the members of the Territorial Force Nursing Service.



The Nurses' Home, Leicester Infirmary.

## Reflections.

## FROM A BOARD ROOM MIRROR.

We understand that his Majesty the King has signified his pleasure that the Liverpool Children's Hospital should henceforth be known as the Royal Liverpool Country Hospital for Children.

The Hospital for Women, Soho Square, is being rebuilt in the most up-to-date manner, and of course the Committee must have ample funds to carry out the necessary reorganisation. It is proposed, therefore, to hold a grand Bazaar and Entertainment in the new buildings of the Hospital on May 24th and 25th. £4,500 is urgently needed to enable the Committee to claim the handsome conditional gift of £3,000, of King Edward's Hospital Fund. Many rich and influential women will arrange stalls. The miscellaneous stall will be undertaken by the Nursing Staff of the Hospital, who will be pleased to receive gifts to decorate it. The Earl of Shaftesbury, K.C.V.O., the President of the Hospital, will sing at a grand afternoon concert, and as he has a lovely and cultivated tenor voice, he should be an immense draw. Miss Lena Ashwell (the charming wife of a member of the medical staff) will recite. Mr. Alfred Hayward, the Secretary of the Hospital, will gladly give information as to this function, which promises to be one of the most important of the coming season.

A well deserved stroke of luck has this week befallen the hospital. It is announced that Mrs. C. A. Savage, of Tooting, has left to it the residue of her estate, which will probably amount to about £10,000.

The different County Councils and Urban District Councils throughout England are now considering the question of sending up delegates and representatives to the Nursing and Midwifery Conference and Exhibition to be held at the Royal Horticultural Hall, Westminster, in April. The Bucks County Council have formally appointed Miss Elizabeth Mackenzie (Inspector of Midwives for Bucks), and the Heston and Isleworth Urban District Council have appointed Councillor J. J. Barnett, and Dr. G. F. Buchan (Medical Officer of Health) to attend the Exhibition and Conference.

The District Nurses' Exhibition will be a section apart, and will comprise exhibits amongst others from the Nurses' Social Union, and the Q.V.J.I. A special feature is being made this year of the Model Nursery by Messrs. E. and R. Garroul.

The president of the Royal Halifax Infirmary (Mr. J. Selwyn Rawson) has received the handsome donation of £5,000 from Mrs. Wood, of Liverpool, a daughter of the late Mr. H. C. McCrea, formerly Mayor of Halifax. The donation is made subject to Ward No. 6 being named the "McCrea Ward." The whole of the wards are now named in accordance with the wishes of the donors.

## Outside the Gates.

## WOMEN.



Grosvenor Square.

Mrs. Philip Snowden last Sunday delivered the first of a series of addresses that are to be given every Sunday afternoon for the next month or two at the King's Weigh House Church, Duke Street,

Taking as the title of her discourse "Following the Gleam," which she based on Tennyson's poem, Mrs. Snowden said there were in this country ninety thousand houses licensed to sell intoxicating poison, and women were to be seen in a state of drunkenness in our public streets. She had been travelling in America, and America had an enormous drink bill, yet in the whole of her experience there she never saw a drunken woman or a woman in a drinking saloon.

At the annual general meeting of the trustees of the Manchester Royal Infirmary, to be held at the Town Hall on the 11th inst, after this journal has gone to press, the Chairman will move the following resolution:—"That it is not desirable to appoint women to resident medical and surgical posts at the Manchester Royal Infirmary."

Women nurses already perform the most intimate offices for male patients, and it is futile to suggest that women doctors cannot do the same. The question at issue, however much it may be obscured, really is whether women practitioners of medicine are to have the same educational advantages as the other sex. This has been in effect pointed out to the Board of the Royal Infirmary by the Convocation of Manchester University, and we presume that the above resolution means that the Board is still obdurate.

Fraülein Margaret Dittmer, who was appointed on the Berlin police staff in October, 1908, has had no fewer than 604 cases to deal with during her first year of service. Her work, according to the *Daily Express*, consists in acting as the guardian of youthful delinquents, waifs, and children who are ill-treated by their parents. The former are committed to her charge to deal with as she thinks fit, either to place them in reformatories or to restore them to their parents after she has investigated the circumstances.

Waifs are placed in orphanages, and in cases of parental cruelty which have been proved in court it is Fraülein Dittmer's duty to visit the homes at irregular intervals to prevent the offence being repeated. Of the 165 school boys and girls who ran away from their homes in the provinces to Berlin last year, the majority, says Fraülein Dittmer, came to the capital to view the imperial palace.



The remainder either came through a spirit of adventure fired by reading thrilling stories, or because their parents were too severe with them over their lessons.

## Book of the Week.

### THE MEN OF THE MOUNTAIN.\*

A book by Mr. Crockett is one which is sure to be full of interesting adventure, and to hold the attention of the reader from start to finish, while a certain delicacy of touch and sure delineation of character are characteristic of the author.

The scenes of his latest book, "The Men of the Mountain," are laid for the most part in the border land of France and Switzerland, in the war-swept communes from Monthé to Le Lochle during the Franco-German War in 1871. The opening chapter introduces us to Pastor David Alix, of the Evangelical Church of Geneva, long domiciled in France, and now in deadly peril of his life at the hands of the German invader.

The pastor was unarmed, but had been caught with a comrade who carried a rifle but wore no uniform. Trössel's Colberg regiment of Grenadiers are angry, for their sentries have been "sniped," and their details cut up, with the result that "old Von Hartmann, Major-General of the Third, has come down on purpose himself to see into things. And twenty minutes ago he had fallen into such an anger at the sight of the *franc-tireur* and his companion—the slim man clad in black—that he himself had ordered the immediate shooting of the man with the rifle out of hand, and even presided at the drum-head court-martial upon David Alix. As Von Hartmann spoke no French in any intelligible fashion, and understood still less of that language when spoken, the trial of David Alix was very summary indeed."

Not a moment too soon did Military Chaplain Hermann Falk precipitate himself into the six yards between the *peloton* of execution and the man about to die, for the General had just given the command to "take aim." The evidences of David Alix's guilt, for which he was condemned to death, were the hard little loaves with which his pockets were stuffed, in the opinion of the Grenadiers destined to feed and sustain the "bush whackers," who, at eve and morn, slew their comrades, and a long list of names, presumably the roll of a whole company of murderers or their abettors, also found in his clerical pockets.

But the Chaplain of the Grenadiers made short work of these frail evidences. "Bread, a paper, and a Bible! You would shoot a man for that—heathens, Wends, idolaters, witchfolk! Does a man come out to kill, or to give life, thus armed? See you—you tools! Bread for the body, the Word of God for the soul! And the paper! Written in English, is it? Well, I was not three years in Edinburgh College for nothing!"

And this is what he read:—

"List of poor widows and sick folk in the Commune of Monthé to whom bread is to be taken."

\* By S. R. Crockett. (Religious Tract Society, 4, Bouverie Street, E.C.)

He read the list to the bottom, not sparing them one single name, and at the end he took the hand of Pastor David, true shepherd of his flock, and crying aloud: "Now, shoot him if you dare!" strode off to his lodging, taking David with him.

In truth David dispensed the bounty of his mother, Mme. Alix "the old," *châtelaine* of the farm of Villars Chaumont, just across the Swiss frontier, "a forceful, emphatic, face-to-the-too woman, full of quick angers and as sudden contritions," to whom the Upper Valley of the Doubs, in those troublesome times, owed its escape from starvation.

The story of these people, of the *franc-tireurs*—the men of the mountain, mostly mere boys, and even women also, for all the able bodied men were at the war—of David's sister Noëlie, of Ludovic Villars, their half-brother, of the little school-mistress, and many others, is full of stirring incident throughout. It is, moreover, clean, wholesome, and of high tone, a book which can be cordially recommended. P. G. Y.

### A GREAT EDUCATIONALIST.

"Madame de Maintenon, Her Life and Times, 1635—1719," by C. C. Dyson, is a work of most absorbing interest. Why do we not learn more history in youth, so that we may realise how many great and wonderfully brilliant women have lived before our time, and thus gain from their teaching? We felt quite guilty when we read of the tireless devotion of this great Frenchwoman to the King, her husband, that in ignorance we had classed her with Montespan and Pompadour, as a venal *maîtresse en titre*! To have been the foundress of St. Cyr in the seventeenth century, that famous educational establishment for girls marks Madame de Maintenon as one of the greatest educationalists and organisers of all time.

In connection with St. Cyr, a reminiscence of great interest to British people is the fact that we owe to it our National Anthem!

On the first occasion that Louis XIV. visited the institution the pupils sang a chorus, the words of which were composed by Madame de Brinon, the first Superior, and the music by Lulli, Master of the King's Music. It begins, "Grand Dieu! Saluez le Roi!" and was sung whenever royalty visited St. Cyr during a hundred years.

In 1721 Handel visited St. Cyr, and was much impressed by this composition, and annexed it.

After translating the words, he had it performed before King George I. in London, and since then as "God Save the King" it has become part of our national life.

### COMING EVENTS.

February 14th to 19th.—Week of Special Meetings for Nurses, arranged by Nurses' Missionary League. Passmore Edwards' Settlement, Tavistock Place, W.C. Morning, 10—11 a.m. Afternoon, 2.30—3.30 p.m. Saturday, Feb. 19th, one meeting only, 2.30 p.m.

February 15th.—Written examination of Central Midwives' Board, in London, Birmingham, Bristol, Manchester, Newcastle-on-Tyne, and Leeds. Oral examination a few days later.

## Letters to the Editor.



Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in any way hold ourselves responsible for the opinions expressed by our correspondents.

### PRACTICAL POINT PRIZE.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—I beg to acknowledge with many thanks, cheque for 5s. received this morning.

The "Practical Point" was so simple that I did not expect it to get the place of honour; but, as you remarked in the Journal, it is the everyday, commonplace practical part of a nurse's work which often gets least talked or written about.

Sincerely yours,

Norwich.

ALICE WEST.

### OUR GUINEA PUZZLE PRIZE.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—The paragraph marked in the BRITISH JOURNAL OF NURSING sent to me gave me great pleasure. It was such an unexpected surprise. The cheque arrived this morning, for which I thank you. It will come in very useful this spring if I pass my exam., as I shall want to furnish my rooms in the district I am hoping to have. At present I am getting the Journal through a neighbouring newsagent, and it is read with much enjoyment by the other nurses, and the sisters as well.

Wishing you "God speed" with your work, especially those branches relating to registration of nurses and to morality,

Believe me,

Yours sincerely,

ALICE M. ACTON.

Home for Mothers and Babies,  
Wood Street, Woolwich.

### NOTES OF CASES.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—The medical student is required by his teachers to keep notes of the cases to which he is dresser or clerk, notes which are carefully supervised, and which are read by him to the visiting physician or surgeon, when going round the ward. The reason of this is, I take it, not so much for the information of the visiting staff as that the student may learn to cultivate accurate habits of observation, and may impress upon his own mind the facts which he thus gathers together.

If this method is so valuable in the education of the student, why not in that of the nurse also? I do not, of course, mean that she should take notes of the medical treatment of cases, that would be quite useless and undesirable in a nurse's training. But practical details of nursing interest in connection with cases I think a nurse should be expected to record. Take a probationer seeing leeches applied for the first time. She ought to be

taught how the patient's skin is prepared, why leeches will not always bite, why they are applied, and where, and how, how much blood each sucks on an average, why it should be allowed to drop off instead of being removed, how it may be made to disgorge itself, and so forth. This is, of course, mere A B C to the experienced nurse, but a probationer will profit greatly if she commits all these facts to paper, and then submits her notes to the Ward Sister for correction.

Yours faithfully,

WARD SISTER.

### THE WORRIES OF MIDWIVES.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—I am glad to notice that midwives are combining in one town at least to raise their fees to an amount upon which they can live. A midwife, under the rules of the Act, has not only to attend during a labour which may mean, and often does mean, four hours work at least; she further, for every day for ten days, is responsible for the comfort of both mother and child, which for the first five or six days certainly means an hour's work a day. Put their work at ten hours for the lying-in period—a very moderate average—that is 1s. for one hour's work, skilled work, not charring, but work which concerns the health and lives of mothers and children, and therefore the welfare of the nation, nor does this include the time occupied in going to and from the cases.

I wonder what other class of workers would do as much for the same pay. Night and day, a midwife is never sure when she will be called; she must be at attention all the time. If she has a call which keeps her up all night, she must go on all the next day just the same. There is the comfort and care of all the other mothers and babies for whom she is responsible to be attended to. It is one of the hardships of a midwife's life that, though her work is essentially uncertain, and sudden calls make most urgent and exacting demands upon her, the routine work must go on just the same. It is this necessity for meeting both the emergencies and the ordinary demands of her calling which make a midwife's life so wearing. Where several work together in a home it is possible to arrange things to some extent, but where a midwife is single-handed, her nervous system is bound to give in eventually.

Yet 10s. 6d. a case seems to some people a preposterous fee for a midwife to charge! When the sweated industries are considered, why not include the work of midwives who attend a confinement, and care for mother and child for ten days afterwards, for a 3s. or 5s. fee?

Yours faithfully,

CERTIFIED MIDWIFE.

### THE IMPORTANCE OF APPEARANCES.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—I entirely disagree with your correspondent, who writes: "How absurd is the importance conceded to appearances in women." Appearances are most important, but it is of all things important to a working woman that her

appearance should be "suitable." That is the lesson I gather from the "Tofield" bonnet; and here may I be permitted to hope we may have other papers on your most interesting past. I cannot tell you how greatly we have enjoyed those just published in this hospital. Your object, I gather, was not to masquerade, but to appear suitable for the post for which you were applying—that your appearance should be an index of your mind. My sisters, who are typists, have adopted a sort of unofficial uniform—black gowns and coats (no blouses), and white cuffs and collars. They work in lawyers' offices with men only, and have been highly commended by sensible men for their neat and workmanlike appearance. One good operator was parted with because of her unsuitable appearance—flimsy blouse and glass pearl necklace. Lack of taste lost her a good salary.

I am,

Yours truly,

V. M.

#### BLACK BABIES.

To the Editor of the "*British Journal of Nursing*."

DEAR MADAM,—I was glad to read the account published last week in the *Journal* of a black baby, for I think many people have the quite mistaken notion that white babies possess the monopoly of attraction.

I have known babies of all colours, white and black, brown and yellow, and it is the rarest thing in the world to find an unattractive one. I do not think I am especially a baby lover either. I know many nurses who have that instinct far more highly developed than I have, but I simply cannot understand the person who does not feel the charm of a baby, and I do not think any babies have that charm more strongly than the black ones, with their satiny skins, tight curly hair, and endearing ways. If you make overtures to a black baby—at least an African one—he puts out not his arms but his legs to you, because he expects either to be slung on your back or to sit on your hip, for his mother always carries him in one of these positions. Why not? Why should he occupy both your arms, and incapacitate you for doing anything else useful, when he can be accommodated so comfortably and sensibly in the manner described? I believe the custom of carrying babies about in one's arms must really have originated with a shirker, like a nurse I once knew who, when the ward was busiest, would pick up one of the babies and walk about with it. It was a pose which looked well, and gained for her much commendation (she was so fond of the bairns, and so good to them, it was said), but the pros knew that while their staff philandered with the babies they had to get the ward work done. Now, if the practical fashion I have described were adopted in this country, that nurse would have had both hands disengaged, and could have done her work as usual. I venture to think that in that case her devotion to the babies would have diminished, and it would not have been found necessary to take them up so often.

I am, dear Madam,

Yours faithfully,

A COSMOPOLITAN NURSE.

## Comments and Replies.

To Correspondents.—Replies to letters concerning hospital training, etc., can only be answered in this column.

E. B., *Devonshire*.—We know of no adult "surgical" hospital which admits probationers at your age. We should advise you to begin in a children's hospital, and as you wish to be near Manchester, apply to the Lady Superintendent, Manchester Hospital for Children, Pendlebury, Lancs.

F. T. A., *Sheffield*.—There are several excellent hospitals in your native town, but personally we always recommend nursing candidates to apply for training at a distance from home. It is much less distracting for a probationer not to break the hospital routine by running home when off duty. Family fuss and gossip are also thus avoided. There are good training schools at Manchester, Liverpool, Birmingham, Leicester, and Nottingham. Apply to the Matron.

Maternity Nurse.—The use of incubators, when skilfully managed is a valuable means of preserving the life of premature infants, and those of low vitality; but unless in competent hands they are worse than useless, and it is much better to rely on other means such as hot water bottles, wool, etc., for maintaining warmth.

Miss Evans.—A private nurse, when she has reported ready for duty should have her box for the most part packed, so that if a sudden call arises and she has to catch a train quickly there will be no unnecessary delay.

Mrs. Edmonds.—In the case of constipation in an infant it must be remembered that the child is affected by the mother's diet. It often happens that if the mother takes an aperient the bowels of the infant are relieved.

Nurse Finch.—Probably the best experience in the nursing of enteric fever is to be had in the large fever hospitals, such as those under the Metropolitan Asylums' Board. We have been told by a nurse who has had six years' experience in large general hospitals, that she never saw such bad cases of enteric in them as subsequently in a M.A.B. hospital.

## Notices.

### CONTRIBUTIONS.

The Editor will at all times be pleased to consider articles of a suitable nature for insertion in this *Journal*—those on practical nursing are specially invited.

Such communications must be duly authenticated with name and address, and should be addressed to the Editor, 20, Upper Wimpole Street, London, W.

Advertisements and business communications should be addressed to the Manager, *BRITISH JOURNAL OF NURSING*, 11, Adam Street, Strand, W.C.

### OUR PUZZLE PRIZE.

Rules for competing for the Pictorial Puzzle Prize will be found on Advertisement page xii.

# The Midwife.

## Ophthalmia Neonatorum.

The earliest sign of this disease is a thin red line running across the upper eyelid, and the next sign observed is a discharge. At first this is often watery, but it soon becomes thick yellow or greenish matter, and is secreted in great quantities. The eyes swell, become intensely hot and tense, and the child will keep them closed. If the disease is not arrested, the cornea will ulcerate and perforate, and sight will be destroyed. The cause of ophthalmia neonatorum must be sought in the presence of infective maternal discharges. Infection may be primary or directly after birth; or it may not take place till the infant is several days old, when it is known as secondary infection.

About two-thirds of all cases of infective discharges are gonorrhœal, but ophthalmia in the baby does not always mean gonorrhœa in the mother—occasionally another microbe in the secretions may cause it.

In every case, whether in private nursing or in hospital, the skin of the baby's eyelids should be gently but thoroughly cleansed from the vernix caseosa and secretions, with swabs of wool soaked in sterilised water or weak boracic. The hands and arms should also be dried as soon as possible to avoid any risk coming from the baby rubbing its eyes. At the first bath great care must be taken to keep the water in which the child's body is washed from splashing its face; and of course the face and head should always be washed first while the bath is fresh and clean. The nurse should daily examine the eyes for the first ten days after birth, and report the slightest redness to the medical attendant.

A solution of lunar caustic (silver nitrate) is often used in lying-in hospitals or for the infants of A.P.V.D. mothers; 2 per cent. solution is what Credi used, one drop being allowed to fall into each eye. Even with the greatest care this method may cause a reactionary reddening and discharge, and this has led many physicians to seek for another solution. It is found that 1 per cent. solutions are often more efficacious in preventing ophthalmia.

Silver solution should be kept in amber coloured bottles away from the light, and the drop applied to the eyes by a glass rod.

The greatest preventative of ophthalmia lies in the most scrupulous cleanliness on the part of the nurse who has to do with the baby and the mother. She must be most careful never to use the same towels or sponges for them

both, to wash her hands after attending to the mother and before touching the baby, and to see that a separate cot is provided for the child to sleep in.

GLADYS E. TATHAM.

## An Insistent Demand.

We are glad to observe that the Midwives' Institute, is at the present time making an effort to enlarge its borders, and through its "Committee of Representatives" of affiliated Associations, to co-ordinate midwives throughout the country. The members of these affiliated societies are not necessarily members of the Institute, but their elected representatives are, or become so, and therefore have the right to vote on Institute affairs, including the election of its representative on the Central Midwives' Board.

At the same time, if the Midwives' Institute is to become the influence in the midwifery world, for which it has both the central machinery and the expert knowledge, it must realise the necessity for moving with the times, that, as midwives become better organised and better educated, they will not be satisfied with indirect representation on their governing body through the election of a person—not necessarily even a certified midwife—by the few hundred midwives on the Midwives' Institute, but that they will claim and secure representation of their interests on the Central Midwives' Board by certified midwives directly elected by the midwives on the Roll.

The Midwives' Institute has a great opportunity before it. It may voice this legitimate demand, or it may ignore it. If it decides upon the former course, it will commend itself to working midwives, and take the helm in promoting a popular movement. If it fails to grasp its opportunity, then it must realise that the demand is an insistent one, and will be voiced and carried to a successful conclusion by others.

The Departmental Committee of the Privy Council, appointed to enquire into the working of the Midwives' Act, recommended that the representative of the Midwives' Institute on the Board should in future be a certified midwife. It was not unreasonably supposed that this recommendation would give great satisfaction to the members of the Midwives' Institute, but, on the contrary, they are asking for two representatives, and to be allowed to choose them without restriction.



## The Royal Maternity Charity of London.

Mr. Cornelius Barham, C.C., Chairman of the Royal Maternity Charity, presided on Tuesday last at the annual meeting, which was held at 28, Finsbury Square, E.C. The statistical report was presented by Major Killick, and showed that 2,351 cases were attended during the year. There were five deaths of mothers, the causes being respectively pneumonia, uræmia, malpresentation, faulty presentation necessitating difficult instrumental delivery, and accidental hæmorrhage. Thirty-seven deaths of infants also occurred.

The report of the Medical Committee, signed by Dr. Septimus Sunderland, Dr. Russell Andrews, and Dr. Leonard Williams, showed that the surgeons of the Charity had been called into requisition no less than 191 times, proving that no opportunity was omitted of providing surgical or medical aid for those patients, either mothers or infants, whose condition gave anxiety at any time to the midwives. Nine pupils were trained in midwifery during the year, of whom four passed the examination of the Central Midwives' Board, one failed, and four at the close of the year had not gone up for the C.M.B. examination.

The financial statement of the training school for the year showed an estimated profit of £70 paid to the General Fund, and a balance at the bank of £88 18s. 11d. In connection with the annual balance sheet the report showed that from 1891 to 1904, 49,585 in Consols were sold out, and loans contracted for £5,600, making a total of £15,185 in thirteen years, denoting that the Charity was overspending its income by £1,168 annually. Since 1904 no Consols have been sold out, and loans and overdrafts have been contracted to the amount of £3,056, or £611 per annum, as against £1,168, thus effecting an annual saving of £557. It is satisfactory that the receipts of the past year exceeded those of 1908 by £318.

The adoption of the report was moved by Nurse Dawson, and seconded by Mrs. Killick, both being Governors of the Charity, and carried unanimously.

The General Committee was then re-elected with the exception of Dr. Victoria Bennett, and Mr. E. Guy Ridpath, who resigned. The vacancies were filled by the election of the Rev. E. T. Carter, Vicar of St. Matthias, City Road, E.C., and Mr. Harry Symington, 22, Fenchurch Street, E.C.

The Chairman, in responding to a vote of thanks, referred to the deep obligation the Charity was under to its Secretary, Major Killick, for his great fidelity and unselfish interest, and a very hearty vote of thanks was accorded to him. Major Killick in reply spoke most warmly of the work of the midwives of the staff, who he said were really the Charity. They were called out of bed at all hours and in all weathers, and not only so, but he knew that out of their own pockets they often helped the necessitous poor. He thought a vote of thanks should be accorded to them for their loyal help to the poor—God's poor.

## The Waste of Infant Life.

The enormous waste of infant life, says Mr. E. T. Devine in the *Survey*, is a social problem of fundamental importance. How enormous the waste is we cannot exactly determine. It begins with the lives which are lost before they are born, the abortions and miscarriages which some French and English authorities have estimated are the end of one pregnancy out of every five. It includes next the children born dead, though at full term, which happens, as nearly as we can tell, in about 1 case in 28 in New York City. And the total is made up by the heart-breaking proportion of babies born alive who die before they reach the age of one year.

A decline in the birth rate can be contemplated without dismay. "I am not," said John Burns last year at the British National Conference on this same subject, "I am not for a desolating flood of babies." What we are "for" is that the child that has been conceived shall be born, that it shall be born with no preventable handicap, and that it shall meet no preventable difficulties on its journey through the first critical year of its life.

In New York City (Manhattan and Bronx Boroughs) at the present time about one-seventh of all the babies born die before they are a year old, and their deaths make up between one-fifth and one-fourth of all the deaths that occur in the course of a year.

This seems appalling, but it is a record which compares not unfavourably with many others, even the State of Massachusetts and England and Wales. Many European countries and many smaller cities in the United States lose a larger proportion of their babies.

The encouraging feature in New York is the decrease that can be seen in the last forty years. Since 1866, when the Board of Health was established, and we began to have trustworthy records of deaths, the number of deaths at all ages has indeed increased considerably, but it has not increased by any means so fast as the population has, and the actual number of deaths under one year of age has not only not increased much since the beginning of the period but has even been decreasing in the last fifteen years.

The child born in the country has, at present, a decided advantage over the one born in the city. The infant mortality in the registration cities of the United States in 1900 was nearly 50 per cent. higher than in the rural part of the registration States. But, going to England again, we find an interesting bit of evidence in behalf of the city. Comparing London and certain rural counties, it appears that while the baby born in London is more likely to die before it reaches its first birthday than the baby born in the country, it has just as good a chance to complete the first month of life, and actually a better chance to live through the first week. In other words, the disadvantage of the city does not begin to operate until after the first month, while in the first week there is a distinct advantage, on account of the prompter and better medical care available for all grades of income.

# THE BRITISH JOURNAL OF NURSING

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XLIV.

## Editorial.

### THE WORK OF THE CENTRAL COMMITTEE ON REGISTRATION.

The Central Committee for State Registration of Trained Nurses, under the skilful chairmanship of Lord Ampthill, has concluded its deliberations on the Nurses' Registration Bill, and we are sure that the readers of this journal, which for so many years has worked for their professional recognition, and which is the official organ of the nurses who are working for registration, will await with eagerness the result of those deliberations. It will be remembered that the Conference was convened with the object of closing the ranks of the registrationists, and of securing, for one Bill, the support of all who are seeking to promote the passing of an Act for the State Registration of Trained Nurses. To further this end Lord Ampthill invited the following Societies each to appoint five delegates to attend a Conference: The British Medical Association, The Matrons' Council of Great Britain and Ireland, The Society for the State Registration of Trained Nurses, The Royal British Nurses' Association, The Fever Nurses' Association, The Scottish Nurses' Association, The Association for the Promotion of the Registration of Nurses in Scotland, The Irish Nurses' Association, and The Asylum Workers' Association. With the exception of the last-mentioned Association, which preferred to maintain its independence, all the Societies accepted the invitation, and met first on January 25th, the meeting being held by the kind permission of the British Medical Association in its Council Room, at 429, Strand, London, W.C. Thirty-nine of the forty delegates were present.

For the purpose of securing united action in regard to State Registration of Nurses, until a satisfactory law has been passed by Parliament, a Central Committee was formally constituted of five delegates of the eight societies present. Lord Ampthill was appointed Chairman, Mrs. Bedford Fenwick, Hon. Secretary of the Society for the State Registration of Trained Nurses, and Dr. E. W. Goodall, Hon. Secretary of the Metropolitan Counties Branch of the British Medical Association, joint Hon.

Secretaries, and Mr. Langton, F.R.C.S., Royal British Nurses' Association, Hon. Treasurer.

The Bill which passed the House of Lords in November, 1908, was taken as the basis of discussion, and was carefully considered clause by clause, and considerably amended, Clause 4, the "Constitution and Appointment of Council," being referred to a Sub-Committee composed of one delegate from each of the eight societies represented, for consideration and report.

The Sub-Committee met on February 3rd, and, after long and careful consideration, agreed upon the draft of Clause 4 for presentation to the Central Committee.

The Central Committee met again on Feb. 12th, when, with few exceptions, all the delegates attended. The principal business on this occasion was to receive the Report of the Sub-Committee, which was presented by its Chairman, Mr. T. Jenner Verrall, delegate of the British Medical Association.

There were certain consequential and minor alterations in the Bill, but the most important as finally amended, were as follows:—

#### CONSTITUTION AND APPOINTMENT OF COUNCIL.

##### Clause 4.

1.—The Council shall consist of twenty-one persons to be appointed or elected as follows:—

- (a) Three persons to be appointed by the Privy Council, of whom one at least shall be a woman;
- (b) Three registered medical practitioners, one of whom shall be appointed by the Local Government Board of England; one by the Local Government Board of Scotland; and one by the Local Government Board of Ireland.
- (c) Three registered medical practitioners to be appointed by the British Medical Association, one to be resident in England, one to be resident in Scotland, and one to be resident in Ireland.
- (d) One registered medical practitioner to be appointed by the Medico-Psychological Association.
- (e) One registered medical practitioner to be

appointed by the Medical Superintendents of the Fever Hospitals which may be recognised as Training Schools for Nurses in fever nursing under this Act.

- (f) Eight registered women nurses to be elected as the direct representatives of registered women nurses of whom four, who shall be resident in England or Wales, one of whom must be a past or present Matron of a General Training School for Nurses, and one of whom must be registered in the General Register as "also trained in fever nursing," shall be elected by the nurses registered in the general register whose registered address is in England or Wales; two, who shall be resident in Scotland, and one of whom must be a past or present Matron of a General Training School for Nurses, shall be elected by the nurses registered in the general register whose registered address is in Scotland; two, who shall be resident in Ireland, and one of whom must be a past or present Matron of a General Training School for Nurses, shall be elected by the nurses registered in the general register whose registered address is in Ireland.

- (g) One registered medical practitioner, or registered male nurse, to be elected as a direct representative by the nurses registered in the Male Nurses' Register.
- (h) One registered mental nurse to be elected as a direct representative by the nurses registered in the Mental Nurses' Register.

Provided that on the first constitution of the Council, in the place of the direct representatives of registered nurses, there shall be fourteen persons appointed as follows:—

- (a) One past or present Matron of a general hospital, and one past or present Matron of a Poor Law Infirmary, in England or Wales, to be appointed by the Matrons' Council of Great Britain and Ireland.
- (b) One past or present Matron of a Scottish Hospital or Infirmary to be elected by the Matrons of Scottish Hospitals and Infirmaries.
- (c) One past or present Matron of a hospital or infirmary to be appointed by the Irish Matrons' Association.
- (d) One past or present Matron of a Naval or Military Hospital to be appointed by the Admiralty and the War Office conjointly.
- (e) One nurse to be appointed by the Society for the State Registration of Trained Nurses.
- (f) One nurse to be appointed by the Queen Victoria's Jubilee Institute for Nurses.

- (g) One nurse to be appointed by the Association for the Promotion of the Registration of Nurses in Scotland.
- (h) One nurse to be appointed by the Scottish Nurses' Association.
- (i) Two nurses to be appointed by the Irish Nurses' Association.
- (j) One nurse to be appointed by the Asylum Workers' Association.
- (k) One nurse to be appointed by the Fever Nurses' Association.
- (l) One registered medical practitioner or nurse to be appointed by the Royal British Nurses' Association.

And the persons so appointed shall hold office until the Lord President of the Council certifies that the task of forming a register of persons entitled to be registered under this Act is sufficiently advanced to admit of an election of direct representatives of registered nurses, and shall then retire and shall give place to direct representatives of registered nurses elected as heretofore provided.

#### INCREASE OF QUORUM.

As a result of the increase in the size of the Council the quorum provided for in Clause 7 was increased from seven to nine.

#### PROVISION FOR DIVISIONAL COMMITTEES.

The following Clauses relative to the appointment of Divisional Committees were added to Clause 10:—

"And provided that the Council shall appoint Divisional Committees for England, Scotland, and Ireland, to recommend to the Council the times and places for local examinations, to appoint examiners, subject to the approval of the General Council, and to inquire into, and report to the Council on, the character and status of all applicants for registration in their respective divisions of the Kingdom, and to do such other duties as the Council may from time to time determine.

"And provided that any nurse or other person may appeal to the General Council against any decision of a Divisional Committee."

#### RECOGNITION OF CERTIFICATE OF L.G.B.

##### FOR SCOTLAND.

Clause 11, Sub-Section 3, was amended so as to include recognition of the certificate of the L.G.B. for Scotland as entitling to registration within three years from the commencement of the Act.

#### SUPPLEMENTARY REGISTERS.

Clause 15 was amended by the addition of a sub-section providing for the establishment of

"A Supplementary Register of Male Nurses, to be called the 'Male Nurses' Register,' containing the names of male nurses who have been registered under this Act."

In connection with the Mental Nurses' Register it was agreed that a nurse, whose name

is entered on the Mental Nurses' Register, may also be entered on the General Register, if the conditions are fulfilled, provided that at the time of registration every such nurse shall declare under which qualification it is desired to exercise any right to vote for the election of a direct representative.

It was proposed on behalf of the Fever Nurses' Association, and agreed that:

"Any nurse who is admitted to the General Register, who holds a certificate of the Fever Nurses' Association, or its equivalent, granted under conditions approved by the Council, shall be entitled, on payment of a single registration fee of two shillings and sixpence, to have the words 'also trained in fever nursing,' added to her record in the Register."

#### RECOGNISED ACCOUNTANTS.

The London Association of Accountants was added to those recognised under the Act for the purpose of auditing the accounts of the General Council, in Clause 16.

#### NO AUTHORITY TO PRACTISE MEDICINE.

At the desire of the Delegates of the British Medical Association it was unanimously agreed to re-insert the following clause as Clause 23:

"Nothing contained in this Act shall be considered as conferring any authority to practice medicine, or to undertake the treatment or cure of disease."

#### SUMMARY.

#### THE GENERAL COUNCIL FOR THE REGISTRATION OF NURSES IN THE UNITED KINGDOM.

The increase in the size of the General Council was considered imperatively necessary, not only in order to provide for the adequate representation of the various interests involved, but also for the transaction of the large amount of business with which it will have to deal. When we contrast the permanent Council of twenty-one persons with the number of members of the General Medical Council, which controls a profession numerically much smaller than that of nursing, or with the Council of the British Medical Association, it will be seen that to meet the requirements of the Privy Council it has been restricted to the narrowest possible limits.

The principal alterations in this Clause are the provisions that a certain proportion of the direct representatives of the women nurses on the general register must be past or present Matrons of general training schools for nurses, that one of the direct representatives shall hold a qualification in fever nursing, that Scotland and Ireland shall each have two direct representatives instead of one, and that the male nurses, who are to have their own Supplementary Register, shall elect their own direct representative.

All these alterations are in the direction of strengthening the Council, and of giving effect to important principles.

In connection with the representation of medical interests the different branches of medicine have been allotted expert representation, *i.e.*, general medicine and surgery, psychology, infectious diseases, and public health, and following this precedent, the nurse representatives will now include the Matrons who are mainly responsible for the training and discipline of nurses, mental and fever experts, and male and female nurses.

On the first Council there is to be the same medical representation as when it is fully constituted, but until an electorate has been formed of registered nurses all those societies which have approved the principle, and been working to obtain registration, will be represented. As neither the Queen's nurses, nor Naval and Military nurses, have formed professional organisations, it has been provided that the Queen Victoria's Jubilee Institute, and the Admiralty and War Office conjointly may each appoint a nurse.

The notification of training in fever nursing against a nurse's name in the Register, when applicable, is also just. The registration of fever specialists as such would be a mistake from all points of view, but when a nurse has added fever training to her general experience she is highly qualified, and it is right that this should be recorded.

#### THE DIVISIONAL COMMITTEES.

The most important new clause provides for the appointment by the Council of Divisional Committees for England, Scotland, and Ireland, with duties as defined in the Clauses printed on page 142. Decentralisation of labour makes for efficiency, and we have always been in favour of national executives, provided that the final authority is vested in the General Council. This is obviously necessary if uniformity of standards, and a liberal policy are to be maintained. There should be nothing parochial about a professional registration system.

#### THE REGISTER OF MALE NURSES.

It is a matter of justice to women nurses, and of public convenience, that there should be a Supplementary Register of Male Nurses. Male nurses must always have a somewhat restricted sphere of professional work, as they must be more or less sex specialists. Obstetric and gynaecological work, and the nursing of women and young children, will not be included in their duties, they must therefore have a special curriculum of education and examination, and in consequence their own special register.



It is hoped by this means that better facilities for training will be available for male nurses in the future—at present outside military and naval hospitals their educational sphere is strictly limited.

If male nurses were admitted to the women nurses' register, women specialists could not logically be excluded.

#### FEES FOR REGISTRATION AND EXAMINATION.

##### *Clause 16.*

No alteration was made under this heading. The Registration fee for all nurses during the three years' term of grace remains £2 2s. After the term of grace the Examination fee is to be £3 3s., the combined charge not to exceed the sum of £5 5s. The Association for Promoting the Registration of Nurses in Scotland are of opinion that the work can be efficiently carried on for less, and Sir Victor Horsley approves of a Treasury grant if the expenses exceed £3 3s. for each nurse. All the Societies composed exclusively of nurses support the higher scale of fees, as they wish their Governing Body to be self-supporting, and to encourage trained nurses to realise that legal status has a real professional and financial equivalent. Moreover, taking into consideration that the large majority of nurses have a valuable professional education provided free of charge, they are of opinion that £5 5s. is a very moderate charge for the benefits to be received. To secure the services of the best medical and nursing examiners and inspectors, an adequate fee must be paid, and a new branch of work on educational lines will in the future be available for thoroughly qualified nurses, for which a sufficient remuneration will be necessary.

The nurses' societies are also unanimously of opinion that reasonable fees should be paid to the members of the Registration Council, so that the Governing Body shall be on a business basis. They strongly deprecate voluntary supervision or patronage in this connection.

The institution of Divisional Committees will add to the working expenses, as no doubt they will to the efficiency of the registration system.

#### THE FUTURE OF THE BILL.

The acceptance of one Bill by the eight influential medical and nursing Associations is a matter for sincerest congratulation to all concerned. To Lord Amptill's inspiring influence and tact this result of the Conference must be accredited. He has our warmest thanks for his incomparable conduct of business.

The Bill will be at once transcribed, and await the fate of the ballot next week, but in any case the demand for legislation is to be enthusiastically pressed forward, and its ultimate passage into law cannot now be long deferred.

## Medical Matters.

### PELLAGRA.

The spread of pellagra during recent years has resulted in the formation of a representative committee to investigate its nature and causation. This committee has issued a preliminary communication as to the present position and knowledge of the disease, which states, in part:—

Pellagra is one of the formidable disease-scourges of mankind. Like malaria, it is widely distributed throughout the world, being most prevalent in certain districts of tropical and subtropical countries. Europe, Asia, Africa, America, Australasia, all have their areas of pellagra endemicity, the extent of which, owing to non-recognition of the disease, is in most cases probably far wider than is generally suspected.

Like kala-azar and sleeping sickness, pellagra is a deadly endemic disease, presenting a long, cruel course of 3, 10, 15, or more years' duration. It is confined almost exclusively to field labourers. It is characterised by a complexity of nervous, gastric, and cutaneous symptoms. The symptoms make their first appearance during the spring months and recur year after year at the same season, remitting more or less during the winter months. Clinically, the more distinctive features are a peculiar skin eruption, not unlike a severe sunburn, which affects the exposed parts of the body, accompanied by profound melancholia alternating with mania, which often leads to murder or suicide. In the last stages the patient becomes greatly emaciated, paralytic, and completely demented. In women pellagra usually causes abortion; when they do have children, the offspring are sickly and degenerate.

Pellagra is regarded as strictly endemic. Everywhere, however, where its occurrence has been noted for any length of time it has shown a marked tendency to slow extension. This tendency to spread is a fact which must receive very serious attention, especially when we consider that pellagra can thrive just as well in Poland as in the Panama Canal zone, and that when once established in a new locality it remains there.

Dr. L. W. Sambon, F.Z.S., a member of the Committee, will proceed to a pellagrous area and investigate the conditions of the disease and the blood-sucking flies that are to be found there.

Dr. Sambon has informed a representative of the press that an urgent reason for inquiry is that pellagra, kala-azar, and other diseases do not remain limited to their endemic regions. They go forth, so to speak,

on the war path, and we cannot tell where next we may find them. Investigation of pellagra can hardly fail also to shed a light on diseases concerning the origin of which much remains to be made known.\*

The Colonial Office is contributing towards the expenses of the investigations.

#### RAILWAY TRAVELLING AND INFECTIOUS DISEASE.

At the last meeting of the West of England and South Wales Branch of the Society of Medical Officers of Health, Dr. J. Howard Jones, as reported in the *Lancet*, drew attention to the probable connection between railway travelling and outbreaks of infectious disease, the source of which it seemed impossible to trace. Our railway systems, in his opinion, were fruitful means of the transference of infectious diseases from one town to another. He gave instances which had come to his knowledge recently showing that fresh outbreaks could be started in a town, and also that railway travellers were only imperfectly protected from contact with infectious disease. These included the removal of a child who was suffering from scarlet fever by train from a distant health resort to Newport, the medical attendant and the local sanitary authority acquiescing, but no special arrangements being made with the railway company. Another instance was that of a child with measles who was removed by train from another health resort, and in this case also the idea of making special arrangements for the protection of the travelling public was apparently not entertained by anyone. Two instances of children travelling while in the acute stage of whooping-cough were cited, and one of a sailor who went by train to Newport direct from a vessel in a British port on which two outbreaks of small-pox had occurred during the last voyage. The man was ill on arriving at Newport on a Saturday evening, and early the following Monday was admitted to the small-pox hospital with a well-developed rash. There can be little doubt that he must have been a source of danger to those with whom he had come in contact from the time he left his ship. Similar instances were given which had come to the knowledge of other members of the Society, including one referred to by Dr. W. G. Savage, that of a man who was found on arrival by train at Cardiff from the North of England to be suffering from plague. There appear to be some difficulties in dealing with railway passengers who are found to be suffering from non-notifiable diseases, but Dr. D. S. Davies stated that he had obtained a conviction before the Bristol justices against a person who had wilfully exposed a child in a public place while it was suffering from measles.

## Hospital Laundries.<sup>2</sup>

By Miss HELEN TODD.

The laundry is one of the most important departments in a modern hospital or infirmary, and frequently one of the Matron's greatest anxieties. As a rule, it is situated within the hospital boundaries, and the Matron is directly responsible for its management and administration.

I propose, in the ten minutes allotted to me this evening, to look at the matter from the Matron's point of view, and instead of reading a paper in the ordinary sense of the word, to suggest simply points for the discussion which is to follow. From an administrative point of view, then, let us begin by considering the personnel.

1. *The Matron*, being the responsible head, should possess a thorough knowledge of laundry technique, but unfortunately in how few cases has she had any practical experience of the working of a steam laundry, of how the work should be organised, of the proportion of staff required, of what constitutes a fair day's work for individual hands, or of the amount of stores which should be legitimately consumed. She may be fortunate in having a capable and conscientious Laundry Superintendent, but the chances are quite as much the other way, and incompetence in the head means mismanagement of the subordinates and a disastrous condition of things throughout the department concerned.

As the first subject, then, for discussion, I would suggest: "What is the best method whereby candidates for the Matronship of hospitals may obtain a practical knowledge of the working and management of a steam laundry?"

2. The actual working head of the laundry is the *Laundry Superintendent*; in some institutions it has been the practice to put a Sister in charge of this very important department, but the experience which she is intended to gain would be far better acquired in a subordinate position than as head of a business of which she knows nothing. To my mind, it appears essential that the Superintendent has learnt all the details of her work in a trade or public laundry, and has also been manager in one of these concerns.

The practice of some Committees and Boards of selecting candidates simply from their application forms, and appointing them after a brief interview in the Board Room, is one that cannot be too widely condemned. If the Matron is possessed of the expert knowledge which she should have, she ought to be deputed

\* Read before the Matrons' Council, January, 1910.

to interview the candidates and select two or three from whom the Board could make a final choice; or, better still, if the Board are amenable, to send only one candidate before them.

3. In considering the *necessary staff*, and comparing that in a hospital laundry with that in a commercial one, we must bear in mind the great difference in the two systems.

In a trade or public laundry only so many hands are taken on each day as are required for that day's work, and each individual is more or less an expert in her particular line. The manageress engages and dismisses hands according to their capabilities and according to the amount of work which she has to get done.

The ironers are paid by piece-work, and not employed for anything but their own speciality, and the system of payment by result offers every inducement for good work during the hours of employment.

I am not quite sure what is the usual plan in the laundries connected with our large hospitals, but under Poor Law conditions, where paid labour is used, the women are, as a rule, individually appointed by the Infirmary Committee, or even in some cases by the Board itself, and can only be dismissed by the body which engages them. Women once so appointed come automatically under the present Superannuation Acts, deductions being made from their wages. They, therefore, become practically permanent officials, and in London their pay comes out of the Metropolitan Common Poor Fund. This system is utterly bad, as in practice it causes the employment of a fixed number of hands alike when work is slack and when it is abundant. By way of equalising things in some institutions the nurses are allowed during the slack months of June, July, and August to send such articles as fancy blouses and white petticoats to the wash, and these, by necessitating a good deal of extra hand labour, create employment during the slack season.

Again, under this system it is not possible to classify the work to anything like the extent in a commercial laundry. The ironers, for instance, will not have work enough to keep them busy during a whole week, and must therefore be employed on another class of work during certain days. The hands must, therefore, be more of the all-round than the specialist type, and thus lose in efficiency.

On this point also I should like to ask the opinion of those present.

4. The numerical proportion of *staff* to work done appears to vary very much. I have heard it stated by experts that for hospital work 1 per 1,000, reckoning all round, should be suffi-

cient. In my own laundry, which is well equipped with modern machinery, but which is, unfortunately, too much cut by division walls for easy supervision, we find 22 hands per 20,000 a comfortable number.

From Mr. Helby's evidence before the Departmental Committee, recently published in a Blue Book, I see the Brook Fever Hospital employs a staff of 25 for 20,000, whereas Dr. Mackintosh quotes 19 as sufficient for 20,000 articles in his chapter on the laundry in his recent book on hospital construction; he does not, however, say whether the cleaning of the machinery, floors, etc., is to be done by the laundry or engineering and scrubbing staff, which, of course, makes a considerable difference.

Hospital laundry finance is not an easy subject, the figures being very complicated and difficult to rightly estimate. One may, indeed, readily calculate the actual stores consumed, and the water and light may be registered by meters for the laundry only, but very frequently the boilers which generate the steam are at the same time providing for other parts of the institution, and the amount of coal which can be fairly charged for laundry purposes is a difficult matter, as are also the services of the engineering staff, who are in charge of the machinery throughout the building.

In the Blue Book, however, from which I have already quoted, are certain most interesting figures, giving the actual cost incurred in a commercial undertaking—viz., £40 4s. 9d. per 1,000 articles. This includes horsekeep, rents, rates, etc. The same book contains tables showing, as far as possible, the cost per 1,000 articles washed in the laundries of the different institutions under the M.A.B. They differ very widely; thus, at the Fountain Hospital the price per 1,000 is quoted as £79 0s. 9d., and at the Northern £39 7s. 2d. Materials used differ as widely. In a commercial laundry we find used per 1,000 articles: Soap, 1 lb.; soap powder, 3 lb.; soda, 10½ lb. The Western Hospital figures for soda alone stand at 57.6 lbs., and those of the South-Western at 26 lb. per 1,000.

Doubtless there is some explanation for the great difference; the use of soft and condensed water, for instance, or the proportion of flannel goods treated; but such very different returns from institutions under the same Board may well make one pause, and it is not surprising that such an institution as St. Thomas's Hospital finds it cheaper and better to contract with a trade laundry for the whole of its washing, and that several laundry experts advise large central laundries both for the M.A.B. and the Infirmaries under the Poor Law.

If these are instituted, and prove economical, we may feel sure that the King's Hospital Fund, or some such body, will advocate the general hospitals to follow in their train. It seems to me that such a plan would mean an immense increase in ward linen stock, but here, again, I should like your opinion.

6. My time is short, but I should very much like to enquire if anyone here has had any experience of washing machines working under steam pressure. Dr. Mackintosh strongly advises such machines working at 10 lb. pressure as efficient sterilisers.

We rely upon hyposulphate of soda and boiling for disinfection.

7. Other matters upon which I hoped to have had your opinion, and upon which, perhaps, some one will kindly speak, are the uses of electricity in the laundry, both for motor power and for heating irons, and the use of water softeners in districts where the water is very hard.

#### DISCUSSION.

This discussion, which was interesting and informal, was unfortunately rather curtailed, owing to the lateness of the hour. Miss Todd's paper suggested unlimited opportunities for questions and arguments, and a great many interesting points were touched upon.

The members were struck by the difference in price per thousand in the laundries of different hospitals under the Metropolitan Asylums' Board; but one member remarked that a great saving would be effected in those laundries where water softeners used; another also suggested that one would want to see the manner in which the linen was washed before one could criticise the price.

All were agreed that the well-being of a steam laundry depended largely upon a good engineer. Miss Row, of Shadwell, was anxious to know whether the washing for a hospital of about 120 beds could be done without men—only an engineer to manage the actual machinery, but not taking part in the actual washing. Both Miss Musson, the late Matron of the Swansea General Hospital, and Miss Mollett, of Southampton, answered her—not only that it could be done, but that the hospital laundries of Swansea and Southampton were run on those lines. The majority of the members who had laundries attached to their hospitals thought that Matrons ought to have some practical knowledge of laundry work, and some knowledge of the machinery employed; and the Chairman (Mrs. Fenwick) said a few words in praise of the care of linen in foreign hospitals and institutions, and she referred to the American system, which provided a domestic science course at Teachers' College, New York, for those who wished to take up the administrative branches of hospital work. She thought that in the future nursing education for Matrons would have to be provided along those lines.

M. MOLLETT, *Hon. Secretary.*

## Les Petites Bleues to the Rescue.

We hear that the pupils of the School for Nurses of the Assistance Publique of Paris have achieved great success by their devotion to duty, during the recent disastrous floods in Paris. The Almshouse of Ivry having been flooded, a great number of inmates had to be sent to the Salpêtrière. On hearing of this transfer, the pupils of the School set to work to remove the furniture from several wards in the Salpêtrière, and transformed the ancient chapel as well as two new and as yet uninhabited buildings into a hospital, and put up in a few hours more than 800 beds. As many necessary articles were wanting, they went to their rooms and returned, each carrying a chair, with a blanket and pillow taken from her own bed. With truly admirable courage "les petites bleues" throughout the whole day carried beds and mattresses and in the evening they were ready to welcome the poor old women with kindly smiles and gentle words, as they got down from the carriages which brought them.

Each day since then the "Salpêtriciennes" have done their utmost with gentle perseverance to render the change less trying to these poor old grandmothers whose granddaughters they have become by their constant and kindly attentions.

For the way they have carried out this most tiring work, and for their touching care, the pupils have received the high praise of Mr. Silhol, member of the Council of Supervision of the Assistance Publique, who came to visit the Salpêtrière, and found the pupils at work.

It is thanks to the immediate help given by the 180 pupils of the School that the transfer of the pensioners of Ivry was able to take place satisfactorily and in a few hours.

## The Territorial Force Nursing Service.

The following members of the Territorial Force Nursing Service, on the staff of the 5th Northern General Hospital, of which Miss Rogers, of Leicester Infirmary, is Principal Matron, received their badges from Miss Sidney Browne, R.R.C., Matron-in-Chief, T.F.N.S., at Leicester on Tuesday, February 8th:—

Sisters: Misses Sawyer, Milne, Jones, Harris, Browning, Seacombe, Laxton, Cunningham, Sly, Ontram, Glenn, Hampson, Sandback.

Staff Nurses: Misses Van Wart, Willis, German, Dodd, Ward, Wood, Walmsley, Rosier, Edge, Dunn, Clarke, Cheetham, Bevins, Ashworth, Milnes, Hippinshall, Hampson, Yates, Hamplitt.



## The Nursing School at the Tondou Civil Hospital, Bordeaux.

The picture which we have the pleasure of publishing on this page is of a group of nurses at the Tondou Hospital, Bordeaux, of which Miss C. Elston is Directrice. The Annual Report of this school is a most interesting record of progress, and the numerous illustrations add greatly to its interest.

The report opens with a resumé of the history of the foundation of the School. "L'Ecole de Gardes-Malades Hospitalières." It was created in 1903 by the Administrative Committee of the Bordeaux Hospitals, and the intention was at first to receive without distinction lay pupils, and those who belonged to Religious Orders, Catholics, Protestants, and Jews, resident and non-resident. The first group of pupils was received at the Hospital of St. André, and consisted partly of young girls and partly of religious sisters belonging to communities which had for many years been attached to charitable institutions in Bordeaux.

It was the object of those who founded the School to give their pupils a professional education on the model of those schools which had for long been known and appreciated where the work of Florence Nightingale has prospered. It was not, however, found desirable, after some practical experience, to combine incompatible elements in one training school and ultimately the Hospital of St. André was resigned to the religious sisterhoods in October, 1904, and the Directrice and the lay pupils were established in the Tondou Hospital of 120

beds then recently opened where they have done good work ever since.

After a few months Miss Catherine Elston, then *Cheftaine Générale* at the *Maison de Santé Protestante*, Bordeaux—whose work there was greatly appreciated by the fourteen physicians and surgeons, most of whom were attached to the civil hospitals—was appointed Directrice. Since that time the school under the able direction of Miss Elston—who had the advantage of the invaluable support of Dr. Lande, whose professional eminence has been recognised by the award of the highest

distinction the French Government could bestow—has progressed and increased, and there are now 51 certificated nurses, whose services are greatly in demand in other parts of France, and many of whom hold important positions, while several have been honoured by the award of decorations by public bodies. The Government also gave practical proof of its appreciation of the work of the School when President Loubet in 1904 presented to its Directrice the medal of the *Assistance Publique*, and shortly afterwards the Minister of Public Instruction bestowed upon her the *palme académique*.

Miss Elston has under her control all the administrative ser-

vices, including the laundry and the kitchen, as well as the nursing department, for in order to instruct the pupils on the lines adopted in modern training schools, it has been found necessary to give the Directrice full authority over the various departments. This is unusual in France, where a male head, who has consequently to discharge many essential feminine duties, is usually placed in charge of hospitals.

The course of training for the pupils is essentially



Certificated Nurse. — Pupil. Cheftaine.

A Group of Nurses at the Tondou Hospital, Bordeaux.

practical, not only theoretical, as is often the case in France. The cheftaines are appointed by the hospitals administration, on the recommendation of the Directrice. They are assisted by certificated nurses in the general supervision of the wards, both as to the nursing of the sick and the diet prescribed by the doctors. They also prepare the items for the daily report, and for the statistical report of the patients in the wards. They make inventories of the personal possessions of the patients admitted, and deliver over to the cheftaines everything of value found in their possession; they go with the patients to the Bureau when they are discharged, and see that their possessions are returned to them; they take part in the practical instruction of the pupils; do duty for the cheftaines in their absence, and are themselves replaced, in case of need, by pupils in their second year of training.

The nursing school admits both resident and non-resident pupils, the number of vacancies being determined each year by the hospitals administrative committee. The pupils sign an agreement to remain for two years in the service of the Bordeaux hospitals at the conclusion of their training or to pay 1,000 francs in return for their free education in nursing, and their diplomas are only presented to them when they have fulfilled one or the other of these obligations. The hospitals administration has the right of awarding scholarships to thoroughly eligible pupils.

Non-resident pupils are not admitted unless they live with their parents, or with a guardian approved by the administration. They work under the

same rules as the resident pupils.

In addition to the practical instruction given by the Directrice, the pupils have the advantage of attending courses of lectures by so eminent a medical man as Dr. Lande, who is not only in the front rank of his profession, but takes the keenest interest in nursing education. Dr. Lande gives 10 lectures on elementary anatomy and physiology to first-year pupils, and 40 on elementary medicine and surgery to second-year pupils. It is with great pleasure that we reproduce a portrait of this distinguished physician in the act of lecturing to a class of nurses. The modern nursing movement in France owes much to his influential support, and nurses owe him a warm debt of gratitude.

## Presentations.

On Tuesday evening, February 8th, Miss Barling, the much esteemed Matron of the Kidderminster Infirmary, gave an "At Home" to past and present nurses, on relinquishing her duties after 17 years' service. During the evening, Mr. Stretton, the senior honorary surgeon to the hospital, presented Miss Barling with a beautiful piano, on behalf of past and present Sisters, nurses, and house surgeons. Miss Barling, in accepting, and expressing her cordial thanks for the gift, urged all the nurses present to strive for the highest in the work they had chosen.

Nurses from all parts of England were present, and a most enjoyable evening was spent in games, and in listening to the glorious voice of Miss Sara Silver and other vocalists. It ended all too soon with the singing of "Auld Lang Syne" in the orthodox manner.

On Friday last week there must have been a most interesting interview between the Matron of St. Bartholomew's Hospital, and one of its veteran workers, when privately, on behalf of many subscribers, Miss Stewart presented Miss F. Sleigh (Sister President) with an oxydised silver purse, bearing the Bart's coat of arms, containing £42.

In President Ward the patients were always contented, the nursing well done, and the surgeons satisfied, for Sister possessed the true nursing instinct, as well as the home making art, and in the control of her little kingdom blended gentleness and firmness in just the right proportions. Nurses were proud to belong to President.

Did anyone want to learn how to pad splints so that they might afford a proof of her efficiency in this respect in her final examination, she prayed to be sent to President, for there, under Sister's instructions, and with practical demonstrations, from her clever fingers, the art of splint padding reached perfection. Withal the atmosphere of the ward was a happy one, and the nursing tone high. It is difficult to realise that so many years have been spent by Sister President in strenuous work in a great Metropolitan Hospital, for she seems to have learnt the secret of perpetual youth, and to have changed but little during the long period spent in the hospital's service. She has well earned the comparative leisure which she will now enjoy.



M. LE DOCTEUR LANDE,  
Professeur de Médecine Légale, Administrateur-  
Délégué de l'Hôpital du Tondu.

## League News.

### THE SCHOOL NURSES' LEAGUE.

Anyone passing along the Victoria Embankment on Tuesday in last week, about 5 o'clock, may have noticed, as one lady was heard to observe, "a lot of nurses" about, for the School Nurses' League was holding its second annual meeting. As the League has grown in numbers rather quickly it has been regretfully obliged to give up its former headquarters at 431, Oxford Street, W., where the Board Room could no longer accommodate it. The President, Miss Pearce, had, however, obtained permission for the meetings to be held in future in the Library at the Education Office of the London County Council, and here over 60 nurses met. First, of course, came tea and talk, afterwards the meeting.

The Secretary of the School Nurses' League Benevolent Fund, Miss Layton, had a very satisfactory report to present. The Benevolent Fund is one year old, has 44 members, and, owing to the energy of its Committee, has a balance in hand of £34. The Hon. Treasurer of the League showed that it also has a balance in hand.

Miss Griffin, the Secretary of the League, then presented her report. The year had, she said, been rather a busy one. After the Benevolent Fund was founded the members tried to help forward State Registration for Nurses by obtaining signatures from people in favour of the measure, and by asking their Members of Parliament to support their Bill. By these means several more Members of Parliament were interested in this important matter. Then, in July, came the International Congress of Nurses, in the course of which part of a session was devoted to "School Nursing" in its various branches. The League also had a School Nursing Exhibit, which attracted a good many visitors. The next business was to elect three new members of the Executive in place of Miss Layton, Miss Parfitt, and Mrs. Copelin (*née* Howard) who retired. Miss Castleman, Miss Hughes, and Miss Makepeace were elected.

Miss Phillips moved the following resolution, which was adopted:—

"That School Nurses and Health Visitors who are trained nurses working outside London be allowed to join the School Nurses' League by payment of 1s. entrance fee and 1s. yearly; and that Health Visitors and Sanitary Inspectors who are not trained nurses be allowed to join the League as Associates on payment of the usual entrance fee and yearly subscription."

It was proposed to organise a whistle drive, any profit made therefrom to go to the Benevolent Fund. The 23rd of April was the date fixed upon for this purpose, and Miss Pearce, Miss Parkman, Miss Barton, Miss Layton, Miss Griffin, and Miss L. Rangeerott each promised a prize.

Miss Pearce asked the nurses if they would each give a penny to buy cocoa and biscuits for the very poor children who come to the three cleansing stations, and whom the nurses in charge feel they must feed before they send the oftentimes very ill clad little ones out into the cold after their warm baths. An instant response was made, and each of the three nurses went off with a little money to spend on their bairns.

Five nurses joined the League and five the Benevolent Fund.

L. M. GRIFFIN.  
Hon. Sec.

## Sensational Diseases.

Is it right to use those suffering from unusual diseases for advertisement purposes, or to discuss such suffering in the public press? That is a question we asked years ago, when day by day the doings of the "Elephant Man," who resided at the London Hospital, to which institution the curious flocked to see this poor afflicted creature, were constantly referred to in the daily press. "He quite enjoys it," the Sister informed us. "Human vanity has many phases, and besides it keeps the hospital's work before the public."

Last week we had, under the description of "The Brittle Man," notoriety given to a case of myositis ossificans at the London Hospital, and this week we are informed that "The Marble Man" is puzzling the doctors at the Birmingham Hospital for Skin Diseases. The latter patient followed the trade of a needlepointer. Four years ago he had a severe attack of pneumonia, which incapacitated him for six months. Shortly after the illness the skin became marble white, and cold as marble, and so tight that the patient is unable to bend his joints, and can only open his mouth with difficulty.

The condition is thought to be due to an obstruction in the arteries, veins, or lymph vessels, dependent upon some disturbance in the vaso-motor nervous centre. At present the patient is being treated with a view to improving his nutrition and increasing the blood circulation, and it is proposed to later on subject him to treatment at the new Birmingham Electric Radium Institute, which, it is hoped, will relieve his condition and suffering.

## Practical Points.

### First Aid to the Injured and Sick.

Of special interest just now, when first aid lectures are being widely organised through the country, is the publication of a new edition of the very practical and useful handbook, "First Aid to the Injured and Sick," by Dr. F. J. Warwick and Dr. A. C. Tunstall, published by Messrs. John Wright and Sons, Ltd., Bristol; price 1s. in paper boards, a charming cover bearing the Red Cross, or 2s. 6d. in cloth. The book is divided into two parts, the first of which is mainly concerned with anatomy and physiology, and the second with the practical rendering of first aid. In this section, the application of bandages and tourniquets, and, consequently, the securing of knots, occupies a considerable space; and by the kindness of the publishers we are able to reproduce some of the excellent illustrations of the different methods employed.

#### THE GRANNY KNOT.

The knot most commonly used in daily life is that known as the "granny" knot, but it should never be employed in ambulance or nursing work. It is liable to slip, and is not easily untied,



FIG. 1.

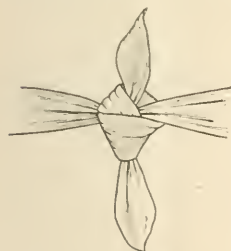


FIG. 2.

lumpy, and is unsuitable for use in connection with surgical work. It is here illustrated as showing what to avoid, as it is the knot which most lay persons will naturally tie.

#### THE REEF KNOT.

The "reef," or "sailor's," knot is the one which should be used for securing bandages. To tie it, the directions given in the book under consideration on this page are as follows:—"Hold the ends of the bandage in the two hands; wind the end held in the right hand over that held in the left; then wind



FIG. 1.

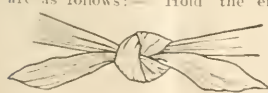


FIG. 2.

the end now held in the left over that held in the right, and bring it through the loop (Fig. 1).

"The reef knot, if properly tied, should have its free ends lying in the same angle as the bandage (Fig. 2)." The advantages of the reef knot over the "granny" are that it is firmer, it is less liable to slip, and it is easily untied.



Our other two illustrations are of methods employed in the compression of arteries. The handle of door key, padded, is used in the compression of the sub-clavian artery, which passes across the upper surface of the first rib. "It can be best compressed at a point *behind the middle of the clavicle*, pressure being applied downwards and backwards, after first depressing the shoulder and drawing it forwards—either with both thumbs or with the handle of a door key, padded."

The accompanying illustration of a method of compression of the brachial artery, shows how this



may be accomplished by forcible flexion. In this case *digital compression of the artery is superseded by forcible flexion of the limb—i.e., by bending the main artery acutely over a pad placed in the joint above the wound.* The joints where this

method can be most effectively used are: the armpit, the bend of the elbow, and the bend of the knee.

The illustrations here reproduced indicate the very practical scope of the book, and no less than 257 such illustrations are to be found scattered throughout its pages. It will thus be seen that it is useful to members of the Territorial Force Nursing Service, and to members of classes now being formed in connection with Red Cross work, the necessities of military service being specially emphasised, and also to probationers who wish to perfect themselves in the application of bandages and the compression of arteries on the most approved methods. In addition, it contains a mass of most useful information on other points, and is a book to be cordially and confidently recommended.

#### THE CHILD STUDY SOCIETY.

Most interesting lectures and discussions arranged by the Child Study Society, London, are taking place from February to April at the Royal Sanitary Institute, 90, Buckingham Palace Road, S.W. The objects of the society are the scientific study of the mental and physical condition of children, and also of educational methods, with a view to gaining greater insight into child nature and securing more sympathetic and scientific methods of training the young.



## The Irish Nurses' Association.

We have pleasure in publishing the following list of new members of the Irish Nurses' Association:—

### NEW MEMBERS.

#### CITY OF DUBLIN NURSING INSTITUTION.

##### Supplementary List.

Nurses: K. McCaffery, M. Egan, M. Ryan, A. Dwyer, N. Cullen, N. Johnston, B. Kavanagh, L. Doran, A. Anderson, Bessie Carr, Henrietta McCreery, Annie Fitzgerald, Mary Shields, Mary Hayden, K. Kinsella.

#### COOMBE HOSPITAL, DUBLIN.

Matron: Miss Joy, member of Executive Committee, I.N.A.

Sisters: N. Douglas, M. Slater, M. Dwyer.

Nurses: M. Brown, A. Meehan, A. Power, F. E. Ross, S. O'Reilly, M. Doherty, M. Woran, T. Milligan, B. Marrow, M. Teulin, K. Heffernan, M. Wynne, M. Byron, A. Shannon, E. McElligott, M. McElligott, E. Malone, M. Kelly, M. Doherty, J. Flanagan, C. M. McPhillips, L. M. O'Brien, M. Deane, M. J. Healley, M. Daltou, W. O'Sullivan, M. Hughes, M. K. O'Brien.

#### CHILDREN'S HOSPITAL, TEMPLE STREET, DUBLIN.

Superintendent of Nurses: Miss O'Flynn.

Nurses: Hanna O'Keefe, O'Keefe, A. O'Leary, O'Toole, Markey, Williams, Blanchfield.

#### NORTH INFIRMARY, CORK.

Matron: Sister Angela.

Staff Nurses: E. Daly, M. McMahon, M. Duggan, G. Fitzgerald, M. Murphy, M. Crowley, F. O'Sullivan.

Nurses: A. McNamara, F. Roycroft, L. O'Sullivan, J. O'Herlihy, M. Wallace, M. O'Neill, B. T. Dolan, A. Delaney, M. Daly, M. Downing, M. McCarthy, F. Barry, N. Aherne, R. Bannou, C. Smiddy, H. Daly, E. T. Leahy, M. Collins, K. Cambridge, F. O'Neil, A. Quinlan, J. Walshe, L. O'Keefe, M. Breen, M. Sisk, W. Murphy, M. O'Sullivan, M. Sheehan, M. Walshe, B. O'Regan, N. Molloy, K. Dunne, N. Power, N. Seanlan, G. Quinn, E. Quinn, L. McAuliffe, K. Reen, M. McEvoy, E. O'Sullivan, G. Biggs.

#### MISCELLANEOUS.

Nurse Teresa Corcoran, Kilkenny Infirmary.

Nurse E. Kelly, Infirmary, Thurles.

Nurse Conway, Rosses Point, Sligo.

Sister Eager, Simpson's Hospital, Dublin.

Miss Moffatt, Matron, Cottage Hospital, Drogheda.

Miss Reidy, Matron, Drogheda New Hospital.

## Legal Matters.

At York, recently, Rose Sorton, aged 35, said to be a trained nurse, was charged with obtaining money on false pretences. For the defence, Mr. Norman Crombie said there had been similar trouble at Easingwold, and the Justices, in passing sentence, had regard to the offences at York. He asked that the prisoner might be sent to a Home where, as a trained nurse, she could easily gain her living. The prisoner was bound over to be of good behaviour for six months. We hope she will not elect to earn an easy living in private houses.

## Appointments.

### MATRONS.

**Horton Infirmary, Banbury.**—Miss Gertrude Halstead has been appointed Matron. She was trained at the General Infirmary, Huddersfield, and has held the position of Night Sister at the General Infirmary, Chichester, and of Theatre Sister at Ancoats Hospital, Manchester, and at Oldham Infirmary. She has also had experience of private nursing in connection with the Brighton and Hove Hospital for Women.

**Holcombe Hall Hospital for Consumptives, Bury, Lancs.**—Miss L. Carey has been appointed Matron of the Holcombe Hall Hospital for Consumptives, Bury, under the Bury and District Joint Hospital Board. Miss Carey was formerly Night Superintendent at the Camberwell Infirmary, and has held the position of Senior Sister at the Bolton Borough Isolation Hospital, and of Matron at the Ainsworth Isolation Hospital.

### ASSISTANT MATRON.

**Mercer's Hospital, Dublin.**—Miss E. I. Allen has been appointed Assistant Matron. She was trained at Crumpsall Infirmary, where she afterwards held the position of Sister. She has also been Senior Sister at Ancoats Hospital, Manchester, where she has taken the Matron's holiday duty. She is a certified midwife, and holds the certificate of the Incorporated Society of Trained Masseuses.

### SISTERS.

**Dr. Barnardo's Home for Incurables, Tunbridge Wells.**—Miss Elsie Nicholas has been appointed Sister. She was trained at the London Homoeopathic Hospital, and has held the position of Night Sister, and of Sister in a Men's Surgical Ward in the same institution.

**St. Bartholomew's Hospital, London, E.C.**—Quite an unusual number of vacancies have recently occurred amongst the Sisters, owing to resignations on promotion and retirement. Owing to the resignation of Miss F. Sleigh after thirty-three years' devoted work for the hospital, her sister, Miss Mabel Sleigh, cert. at St. Bartholomew's Hospital, and at present Sister of Lucas Ward, has, by request of Mr. C. B. Lockwood, F.R.C.S., been appointed Sister of President Ward.

Miss K. M. Latham, cert. St. Bartholomew's Hospital, Assistant Housekeeper, has been appointed Sister of Lucas Ward.

Miss Nuttall, cert. St. Bartholomew's Hospital, gold medal, Night Superintendent, has been appointed Sister of Casualty Ward.

Miss E. V. Gascoigne, cert. St. Bartholomew's Hospital, who has had experience as Assistant Housekeeper, has been appointed Sister of Harley Ward.

Miss M. Paterson, cert. St. Bartholomew's Hospital, has been appointed Sister of Mary Ward from 1st next. Miss Hansard (in pink) is in the meanwhile Acting Sister.

**Chesterfield and North Derbyshire Hospital, Chesterfield.**—Miss Lilian Allen has been appointed Sister. She was trained at the Queen's Hospital, Birmingham, where she has taken the Theatre Sister's holiday.

duties, and has been temporary Staff Nurse at the Royal Orthopaedic Hospital, Birmingham.

Miss Agnes Johnson has been appointed Sister in the same institution. She was trained at the Lincoln County Hospital, where she has done both day and night Sisters' holiday duty. She has also done temporary Staff Nurse's duty at the Sunderland Infirmary.

**City Hospital North, Netherfield Road, Liverpool.**—Miss Mary Janet Macbeth has been appointed Sister. She was trained at the Crumpsall Infirmary, Manchester, and has since been Assistant Nurse at the City Hospital North, Liverpool.

#### NIGHT SUPERINTENDENT.

**General Infirmary, Chester.**—Miss Sara Bullock has been appointed Night Superintendent. She was trained at the Mill Road Infirmary, Liverpool, where she had held the position of Sister.

**Royal Infirmary, Bradford.**—Miss H. Pritchard has been appointed Night Sister. She was trained at the General Hospital, Northampton, where she has held the position of Sister.

#### HEALTH VISITOR AND SCHOOL NURSE.

**Public Health Society, Macclesfield.**—Miss Marian E. Rogers has been appointed Health Visitor and School Nurse. She was trained at the Hackney Union Infirmary, and has worked in connection with the Victoria Nurses' Home, Chesterfield, the West Suffolk Nurses' Home, and the Accident Hospital, Mexborough, and as a Queen's Nurse at Northampton. She is a certified midwife.

Miss Mary H. Ward has been appointed Health Visitor and School Nurse under the same authority. She was trained at the Hackney Union Infirmary, where she also held the position of midwife. She has held the position of Charge Nurse under the M.A.B. at Gore Farm Hospital, and has worked on the staff of the Ipswich Nurses' Home, and as a Queen's Nurse in Northampton. She is a certified midwife, and holds the certificate of the Royal Sanitary Institute for Health Visitors and School Nurses.

#### QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Miss E. Lowe to be Staff Nurse (provisionally) (January 25th).

#### QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES

**Transfers and Appointments.**—Miss Fanny Mellor, to Handsworth; Miss Amy Edge, to Huddersfield; Miss Margaret Byerley and Miss Elizabeth Randall, to Harrow; Miss Edith Andrews, to Trumpton; Miss Evelyn Smith and Miss Mary Cracknell, to Fleet; Miss Sara Mitchell, to Addlestone; Miss Winifred Heather, to Cowley; Miss Annie Godfrey, to Heavitree; Miss Ellen J. Jones, to Tynnewydd; Miss Annie Button and Miss Helen Higgs, to Treorchy; Miss Mary Gaskell, as Superintendent, to Bath; Miss Alice Pennington, to Headington; Miss Edith McDonald, to Wrington; Miss Emma Greensill, to Pontypool; Miss Priscilla Kearton, to Withnell; Miss Norah Brindley, to Woolwich; Miss Olivia Kemp, to Ivor.

## Nursing Echoes.



Last Friday, Mrs. Willie James organised an amateur performance of *The Marriage of Kitty* on behalf of the Brighton branch of the Queen's Nurses, in which she played the title rôle. The King attended the performance to the great delight of all concerned, and he graciously acknowledged the presence of the nurses as he

passed through the corridors. Miss Buckle, the Superintendent, handed the King a programme, and received from him a sovereign in return. Why should not the King's sovereign be sold for the benefit of the institution?—it ought to bring a handsome profit. It is hoped that the institution will benefit to the amount of £300 from this very successful *matinée*.

The Council of the Trained Nurses' Annuity Fund, which provides annuities for disabled Trained Nurses, records that during the past year the total contributed was larger than ever before, due, in great measure, to the energy of its present Chairman, Mr. Montagu W. Price, D.L., and to two handsome donations from the Hon. Alexander Yorke and Mr. Nivison, but several generous supporters of the Fund have been removed by death, and further subscriptions are urgently needed. The Council had the painful duty of deciding between the applications of twenty-six nurses in need of assistance, in awarding three annuities at their disposal. Eventually one was given to a nurse of forty years' standing who had been Matron of a large institution, but whose savings had been exhausted by ill health, and who was practically penniless; another to a nurse totally paralysed, as the result of a fall while on duty, and the third to a nurse permanently disabled by blood poisoning of her right hand and arm, during her work.

The Fund has now 19 annuitants, and the extension of its useful work depends on the financial help accorded to it. Subscriptions and donations will be gladly received by the Hon. Secretary, Dr. Ogier Ward, 73, Cheap-side, E.C.

The half-yearly number of *League News* is full of interest to members of the League of St. Bartholomew's Hospital. Miss Frere's paper, on the Training of Nurses, which won the £6 Prize last year, is published. She suggests a course of four years. A six weeks' preliminary course is proposed—an eighteen months' course

as probationer in the wards, 18 months as staff nurse, the fourth year to be spent in one ward with responsibility for the management in the Sister's absence. The certificate to be given after examination at the expiration of the third year's work.

Since last June, £388 has been collected by seventeen members of the League for the new Nurses' Home Fund, an anonymous benefactor contributing £50.

The Journal concludes with a complete list of the 700 members of the League.

Mr. Harold Boulton, whom the Prince of Wales as Grand Prior of the Order of St. John of Jerusalem, has deputed to proceed to Canada as Special Hon. Commissioner, to assist in the reorganisation of the St. John Ambulance Brigade in the Dominion, has left for Ottawa. Mr. Boulton has been invited by the Earl and Countess of Dudley to go on to Australia to assist them in the promotion of a district nursing scheme for the Commonwealth on the lines of the Queen's Jubilee Nurses in this country, and the Victorian Nurses' Order in Canada.

A young hospital nurse, who speaks French and German, and who has lost her appointment through her courageous work for the women's suffrage cause, desires to obtain an appointment as travelling nurse attendant to an invalid or child. Communications should be addressed, in the first instance, to Mrs. Tuke, Hon. Secretary, W.S.P.U., 4, Clement's Inn, W.C.

It is not improbable that without care there will be an increased amount of disease in country villages owing to the number of old people attempting to live on their five shillings a week pensions. Care will certainly have to be taken that these old people are kept clean, and five shillings a week leaves no margin for such attendance.

It is interesting to note that in making an application to the St. Asaph Board of Guardians for an increased grant in aid of the funds for the Abergele and Pensarn District Nursing Association, Mrs. Johnson, the hon. secretary, pointed out that there was at the present time a greater call upon the services of the nurse among the old people than had previously been the case. The reason was that since the granting of old age pensions aged people retained their homes for longer periods than formerly, and therefore needed more attention from the nurse. The Board, however, declined the ap-

plication on the ground that if their grant of £2 2s. to the Abergele Association were increased it would be necessary to increase the grants to the other associations in the union, which were of similar amount.

The American National Red Cross has elected a very representative Committee, upon which we find the well known names of Mrs. Whitelaw Reid, Mrs. Hampton Robb, Miss Jane Delano, Miss Georgia M. Nevins, Miss Sophia F. Palmer, Miss Anna C. Maxwell, and Mrs. Harriet Camp Lounsbury. This Committee will, no doubt, in the future popularise military nursing somewhat on the lines of our Territorial Force Nursing Service.

In this month's *American Journal of Nursing* an opportune little article on Affiliation, by Miss Amy M. Hilliard, R.N., appears, in which she writes that "there can be no question of the ultimate benefit of affiliation to schools which cannot give adequate practical instruction without it, but such a school, if it desires to give a three years' course, will be confronted with the following problems," which she enumerates. Miss Hilliard concludes: "It would seem that the introduction of pupils from one school into another for so long a time (as a year) would interfere with necessary discipline, but our two and a half years' experience with the same affiliations has been devoid of anything approaching unpleasantness or friction between pupils of both schools. In fact, the home-coming pupils are, by their enthusiasm, an inspiration to the others."

This is encouraging to special hospitals, some of which fear a system of registration of nurses may interfere with their curriculum. We, on the other hand, have always hoped it would benefit them, by including them in a co-operative system of nurse training.

Miss Edith Woods sends to the *Queen* from Cape Town an account of Sister Bessie Smythe's amazing journey and work across Africa. It is nearly 30 years since, as a bright young Irish girl, she began her nursing career in Kimberley. She was keen, adventurous, and hardy. In 1898, when the severe small-pox epidemic broke out in the Transvaal, it was she who took charge of the lazaretto in Pretoria—the only woman in that grim and dreadful place. She got into camp, arranged the wards and the beds, and set to work to train a number of awkward Kaffirs as orderly boys, a task which she carried out to perfection. For four months she lived in that camp and saw the danger through.

Then came the war. She was in the firing line at the Modder, in Kimberley, and at Boshof; and later she was put in charge of the hospital at Vereeniging. When the war ended Sister Bessie took charge of the Government Hospital at Mombasa, and after this set off, unarmed, and only attended by occasional carriers picked up on the way, through North-West Rhodesia, across a corner of the Congo Free State, and along the shores of Lake Tanganyika, till she came to the Victoria Nyanza, which she crossed in an Arab dhow.

The account of her travels on foot for 300 miles is most interesting, and we next find her in charge of the camp hospital—the only woman there—when the engineers of the Cape-to-Cairo Railway were spanning the Falls, and before the bridge was half completed she was the first woman to cross it on the “travelling bordin’.”

The year 1906 saw Sister Bessie on the Gold Coast, which she left after a short time (when the hospital closed down) for Liberia, the Black Man’s Republic, and San Thomé, after which she found herself in the centre of our Cape colonial whale fishery. Here she became counsellor and friend of the tall Norse fishermen, one of whose small whalers recently landed her at Cape Town.

## The Nurses’ Missionary League.

This week special meetings are being held in connection with the Nurses’ Missionary League in the Women’s Club Room of the Passmore Edwards’ Settlement, Tavistock Place, W.C. They are of a purely devotional character, their object being to create and strengthen among nurses interest in Home and Foreign Missionary work.

Since the formation of the League about eight years ago nearly three times as many nurses (not necessarily members) are at work in the mission field, and this year it is hoped that about thirty-four recruits will be added to their number. It speaks well for the enthusiasm of the members of the League that out of eleven hundred between two and three hundred are volunteers for foreign service. A great number of these are sent out by all the leading missionary societies, the League being interdenominational in character.

We understand that during the past fortnight meetings have been arranged for the nursing staffs in no fewer than twenty-five London hospitals.

The meeting on Saturday afternoon next will be one of thanksgiving.

## The Hospital World.

### THE FORSTER GREEN HOSPITAL FOR CONSUMPTION.

The Forster Green Hospital for Consumption, Belfast, held its Annual Meeting recently. The beds, 70 in number, 35 of which belong to the Corporation, have been fully occupied during the past year, and very encouraging results from the treatment have been obtained.

I went over this hospital last week, and was greatly interested in all I saw. It was a bitterly cold day, ice on the ponds, and snow on all the hills, but the hospital, which stands practically on one side overlooking the town, was bathed in sunshine.

The patients were all out in the shelters, only one being in bed, and very comfortable and happy they looked.

After tea, which the hospitable Matron, Miss Long, very kindly gave me, I was shown over the wards. They are all facing south and west, with large windows at the south end. The beds are not placed with a window between, but standing out from the walls, with the windows (which have the low sashes thrown up) at one end, and the door at the other. The sun thus shines in on all the beds, and there is a current of air always passing through. The wards are heated by means of hot pipes. We asked several of the patients if they did not feel cold, but they all said they liked the fresh air, and with hot jars, they were very comfortable. The whole place was beautifully bright and clean, the polished floors shining, the white walls with rounded corners, the snowy quilts and polished lockers, and the brilliant sunshine made a charming *tout ensemble*. There is an ample supply of bathrooms, etc., and a special sterilising room for the sputum, where there is a separate steriliser for the sputum before it is carried down the drain, and a very large one for the mugs which are made of aluminium and are therefore very light.

The nurses’ quarters are very comfortable, and they have a most delightful sitting room, with a lovely view over the mountains.

We were charmed with our visit, and said good-bye with great reluctance.

A. C. R.

### A SCOTTISH MATRONS’ COUNCIL.

We are glad to learn that the formation of a Scottish Matrons’ Association is now under consideration. We wish it every success. Now that nursing is on the eve of organisation by the State, the expert and well considered opinion of the heads of the Nurse Training Schools should be available. The Matrons in England and Ireland have for many years taken counsel together on professional affairs.



## Reflections.

### FROM A BOARD ROOM MIRROR.

Princess Henry of Battenberg has consented to become the president of the Isle of Wight Rural Midwifery and Nursing Association.

At the annual meeting of the Tiverton Infirmary, Mr. A. Fisher, hon. sec., remarked that the deficit of £51 on 1908 was discharged by a donor, who wished to remain anonymous. The ladies' auxiliary was a new feature, on which they based their future hopes. As to the operating theatre, he had been assured by surgeons from London and other large centres that they had never seen a better operating theatre in the provinces.

The annual meeting of the Glasgow Women's Private Hospital was held recently at the hospital. The report submitted was of an interesting character, showing that the institution is in a sound condition. With funds on hand to the extent of more than £1,500, the hospital is well equipped to set out on another year's work. Forty-eight patients have been treated throughout the year, with the most satisfactory results.

Mr. Alexander Ledingham, S.S.C., in submitting the Royal Asylum of Aberdeen report last week, made some interesting remarks. He said the number of patients during the last four years had been almost stationary. This was in accordance with the general experience of the Scottish asylums. The boom was off for insanity as well as for many other things. What the reason of this might be he could not tell. Partly, perhaps, the absence of excitement and speculation, partly greater moderation in the use of alcohol. It would be very interesting to watch, if trade revived, whether increased prosperity and luxury were accompanied by a corresponding increase of insanity. From the medical report it appeared that out of every hundred patients admitted to the Aberdeen Asylum the number of recoveries had been 38, a result somewhat better than in the previous year.

We think that people who are cruel to the dear animals are beyond the pale, and that they deserve very special punishment. The traffic in old horses from this country to abroad is a national disgrace, which the kind-hearted must arouse themselves to wipe out. We are pleased to announce that meetings are being organised by Our Dumb Friends' League to protest against Continental traffic in aged and worn-out horses. Poor dears! For the best years of their lives they have worked for our comfort and enrichment, and no better fate awaits them than an old age of slavery or death in a foreign land! *Cui bono?* some fiend is a few shillings the richer! Surely there is a happy hunting ground in some unknown sphere for all these noble beasts, and we hope it is the sphere to which our spirit will take wings.

## Outside the Gates.

### WOMEN.

At a well-attended meeting of women, organised by the North Kensington Municipal Reform Candidates' Election Committee, held at Horbury Hall, Ladbroke Road, last week, Mary Lady Ilchester, who presided, said that the forthcoming London County Council Election was as important to women as the General Election had been to men, for the L.C.C. regulated social economics. In the area covered by the Council there was a vast field in which women could work.

Six women are seeking election to the L.C.C.—Miss Adler, and Mrs. Miall Smith, who did good work on the London School Board, and who is President of the North St. Pancras Women's Liberal Association, as Progressives; Dr. Ethel Benthall (North Kensington) and Miss Margaret Bondfield (Woolwich) as Labour candidates; and Miss Susan Lawrence (West Marylebone) and Miss Douglas Pennant as Moderates. They are all well known for their public work, and we hope their candidature will receive widespread support.

The Conference of the Labour Party at Newport, Mon., last week, under the presidency of Mr. Keir Hardie, adopted a resolution moved by Miss Bondfield demanding that the inclusion of women in the Reform Bill promised by the Government should not be left to the chances of an amendment, and declaring that any attempt to exclude women would be met by the uncompromising opposition of organised labour. Miss Bondfield's appeal to the men of the Conference to refuse to enter into their kingdom of free citizenship while women were left outside, evidently appealed to their sense of justice.

At the annual meeting of the Trustees of the Royal Infirmary, Manchester, a resolution submitted by the Board of Management, stating that it is not desirable to appoint women to resident medical and surgical appointments at the Infirmary was carried. We understand that medical women are only asking that appointments in the women's wards should be thrown open to them, and logically they should claim equality of opportunity with male practitioners, but even their modest demand is thus denied.

At the suggestion of the Japanese Department of the Interior a most interesting exhibit at the Japan-British Exhibition at Shepherd's Bush this year will be a collection of relics of the Russo-Japanese war belonging to Mrs. Tamekichi Sawano, which contains a number of articles captured by Japanese soldiers on the battlefield, and presented to her in recognition of her work for the troops, as well as the sick and wounded soldiers and their families. After the war Mrs. Sawano received from the Government a medal and the Japanese Order of Distinguished Service.

A most interesting address on "The Position of the Hindu Woman"—not Mohammedans—was delivered last week at 36, The Grove, The Boltons, South Kensington, by Saxath Kumar Ghosh. The lecturer said that at the present time it was desirable to know the Hindu woman well, for she ruled the greater part of the peninsula. Generally speaking her position was higher than that of man in her own country or in any part of the world. Some of the sacred books were written by women, the husband could not say his morning prayers, or secure salvation without the consent of his wife; again, there was a popular belief that in every family there was a woman in particular favour with the goddess of good fortune. A man did not know which of the women of his family was so honoured, and was therefore bound to treat them all with respect and kindness. The fact that the Hindu women did the cooking was considered in the West a sign of their subjection. The contrary was the case, as cooking in India was almost a religious rite. Food prepared by inferiors could not be eaten, but the lady was the highest member of the household and therefore what she prepared could be eaten by all.

## Book of the Week.

### ANNE OF GREEN GABLES.\*

A most charming Canadian story, which no one should miss reading, is "Anne of Green Gables."

Anne is an original and delightful child, all "spirit and fire, and dew" to whom the pleasures and pains of life came with trebled intensity. Happily she eventually fell into kindly hands, though her father and mother both died when she was three months old. "Mrs. Thomas," remarked Anne, "said they were a pair of babies, and as poor as church mice," but at least they bequeathed to their little daughter a sweet and generous disposition, a disposition not spoiled even when, as she related, "they left me an orphan, and folks were at their wits' end to know what to do with me," and when she was adopted by Mrs. Thomas, who had a drunken husband. Anne asks, "Do you know if there is anything in being brought up by hand that ought to make people who are brought up that way better than other people? Because, whenever I was naughty Mrs. Thomas would ask how I could be such a bad girl when she had brought me up by hand—reproachful-like."

Poor Anne—tragedy befel the Thomas household, and, to continue her story in her own words, "Mrs. Hammond said she'd take me, seeing I was handy with children, and I went up the river to live with her in a little clearing among the stumps. It was a very lonesome place. I am sure I could never have lived there if I hadn't had an imagination. Mrs. Hammond had eight children. She had twins three times. I like babies in moderation, but twins three times in succession is too much. I told Mrs. Hammond so firmly, when the last pair came. I used to get so dreadfully tired carrying them about." But the Hammond house-

hold, too, was broken up, and Anne was sent to an orphan asylum in Nova Scotia, from whence she was adopted by Matthew and Marilla Cuthbert, of the Green Gables, in Avonlea, Prince Edward's Island. Marilla, a woman of a somewhat stern exterior, but kindly heart, and Matthew, a man of few words, who, nevertheless, understood the imaginative and mercurial child from the first.

To a child of Anne's temperament everything was either an intense delight, or an overwhelming tragedy. Her beauty-loving nature was intoxicated by the loveliness of her surroundings at the Green Gables; it was correspondingly tried by the serviceable but ugly clothes in which Marilla dressed her, though she was a loyal little soul, and wore them uncomplainingly. But Matthew "suddenly became conscious that there was something about her different from her mates. And what worried Matthew was that the difference impressed him as being something that should not exist. Anne had a brighter face, and bigger, starrier eyes, and more delicate features than the others, but the difference that disturbed him did not consist in any of these respects. Then in what did it consist?"

"After two hours of smoking and hard reflection Matthew arrived at a solution of his problem. Anne was not dressed like other girls!" The result was a Christmas present of a becoming dress, which sent the child into the seventh heaven of delight.

Trouble and joy—they alternate in most lives, and in Anne's both were poignant.

As one closes the book, Anne seems not the dream child of fiction, but the friend one has known and loved. Read the book and she will be real to you too.

P. G. Y.

### COMING EVENTS.

*February 21st.*—State Opening of Parliament by the King.

*February 22nd.*—Central Poor Law Conference, opened by the Lord Mayor, Lord R. Cavendish presiding, Guildhall (two days).

*February 23rd.*—Royal Infirmary, Edinburgh, Lecture on "Nursing in Ophthalmic Cases." By Dr. George Mackay, F.R.C.S.E. Extra Mural Theatre, 4.30 p.m. Nurses are cordially invited. We are asked to notify that the subjects of Lectures to be given on March 9th and 23rd are to be transposed.

*February 24th.*—Ladies' Guild of the London Homœopathic Hospital. Annual General Meeting. Great Ormond Street, 3 p.m.

*February 24th.*—Central Midwives' Board. Monthly Meeting, Caxton House, 2.45 p.m.

*February 25th.*—Society for State Registration of Nurses. Meeting Executive Committee, to receive a Report from the Delegates on the Central Committee for State Registration. 431, Oxford Street, London, W. 4 p.m.

*March 1st.*—Territorial Force Nursing Service, City and County of London. Meeting of the Executive Committee, Mansion House, 3.30 p.m.

### WORD FOR THE WEEK.

Je t'adore, Soleil!

EDMOND ROSTAND.

\* By L. M. Montgomery. (Sir Isaac Pitman and Sons, Ltd., 1, Amen Corner, E.C.)

## Letters to the Editor.



Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY way hold ourselves responsible for the opinions expressed by our correspondents.

## NOTES OF CASES

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—I entirely agree with your correspondent, "Ward Sister," as to the importance of note taking by probationers, and should like to see it the usual rule. In days gone by, when hospitals were understaffed and nurses overworked, it was impossible to give due prominence to this important side of their training, and I remember how, with little assistance from the Sisters or Staff Nurses under whom I worked, I kept a notebook during my probationary days and entered in it the practical facts I gleaned each day, and the habit then formed, and the information gained, have been of immense value to me. Now that it is better understood that nursing schools are places where instruction should be given, and not just agencies for getting the domestic work of the wards done on the cheap, the right of probationers to systematic instruction in practical nursing details is conceded, but such instruction, when given by Ward Sisters, loses half its value if it is not committed to paper. In the first place, the probationer's notes can be supervised and corrected, and it is thus possible for the instructor to learn to what extent the pupil has profited by her teaching—what she knows and where she is weak; and in the second, the probationer gains in clearness of thought and accuracy of expression, for unless knowledge is put into definite words, it is apt to be but partially assimilated.

No less an authority than Bacon has told us that writing makes an "exact man," and it is by committing our knowledge to paper that we learn both its extent and its deficiencies. Another advantage of note taking is that it is a help for probationers to learn how to arrange their ideas in an orderly way, and to express and write what they know clearly, for this is an art in which they are often deficient, and they are, therefore, unable to do them lives justice in a written examination.

I am, dear Madam,

Yours faithfully,

TRAINED IN THE EIGHTIES.

## HOSPITAL KITCHENS.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—As I was unable to be present at the meeting of the Matrons' Council when Miss Mission read her paper on "Hospital Kitchens," it is with great interest that I have read it, and the discussion which followed it, in the Journal. The supervision of the kitchen and its workers in a moderate sized hospital is usually in the province of the Matron, but in many instances she has had

no training to fit her for this work, and yet it is most essential, both to the comfort and health of the patients and staff, and to the economical management of the institution, that the supervision should be expert and thorough. It is one of the benefits of membership of the Matrons' Council that we have the opportunity of listening to papers by our fellow members dealing, in an interesting way with questions in which we are vitally interested. I have gained both pleasure and profit from membership of the Council, and wish that every Matron in the Kingdom could have the enjoyment which I have had in connection with it. I am looking forward to the publication of Miss Helen Todd's paper *re* "Hospital Landries," as they also are a difficult problem for Matrons.

I am, dear Madam,

Yours faithfully,

M. M. C.

## Comments and Replies.

Will the nurses who have written to us desiring to be School Nurses please communicate with Miss H. L. Pearce, Education Offices, London County Council, Embankment, W.C.

*Co-operative Nurse.*—The question as to whether a nurse should return from a case on the death of the patient is entirely one for the relatives to decide. If they wish her to stay and complete the week upon which she has probably entered a case should do so. The right kind of nurse is often a great comfort, and can be of use in many ways. The wishes of her employer should therefore be always ascertained.

*Mrs. Prior.*—A baby is sometimes fractious because it is thirsty and needs a drink of water. In this case a few teaspoonfuls of cool water will allay the restlessness.

## Notices.

THE BRITISH JOURNAL OF NURSING is the official organ of the following important Nursing societies:—

The International Council of Nurses.

The National Council of Trained Nurses of Great Britain and Ireland.

The Matrons' Council of Great Britain and Ireland.

The Society for the State Registration of Trained Nurses.

The Registered Nurses' Society.

The School Nurses' League.

As their official organ is widely read by the members of these societies, the Editor will at all times be pleased to find space for items or news from the Secretaries and members.

Exclusive news being copyright, papers quoting from our columns must give the name of this journal as the source of their information.

## OUR PUZZLE PRIZE.

Rules for competing for the Pictorial Puzzle Prize will be found on Advertisement page xii.

# The Midwife.

## The Midwife Question.

The scarcity of midwives is causing anxiety to people who are interested in the welfare of the poor women who require their services, and now that 1910 has come, when the period of grace allowed by the 1902 Midwives' Act expires, many "handy" women are forced by law to cease their work, and the shortage of properly trained midwives will be acutely felt.

Apparently, Germany is suffering from a like difficulty, for a *Fraulein von Schmied* (herself a trained midwife) has made the somewhat startling proposal that all women over 18 years of age shall be compelled to undergo a year's training in midwifery, just as men are compelled to do their military service. She also suggests that the organisation shall be conducted on military lines, and thinks "the result would be a great advance in hygiene and morality."

To most of us it would seem extremely undesirable that any girl of 18 should be present with a woman at the time of childbirth; and that any woman should be compelled against her will to be so present, would, one would suppose, be absolutely disastrous to everyone concerned, for if she were not conscientious, she would shirk the disagreeable part of her work, with the result of discomfort, and even danger, to both mother and child.

There is, fortunately, a much more obvious and simple solution to the difficulty than that suggested by *Fraulein von Schmied*, and that is to make it worth while, from a remunerative point of view, for women to take up midwifery as a profession, and also to make it less expensive for them to train as midwives.

At present the cost of training in midwifery is considerable, and the advantages, when the training has been obtained, not very obvious, as the following advertisements will testify:—

(1) *British Lying-in Hospital*.—Course, four months (C.M.B. exam.). 28 guineas.

(2) *Clapham Maternity Hospital*.—Three months. 23 guineas.

(3) *Dundee Maternity Hospital*.—Fees (three months tuition and practice, board, lodging, and washing), £15 15s.

(4) *Home for Mothers and Babies, Woolwich*.—Vacancy for gentlewoman with general training. Midwifery, six months, C.M.B. exam., £20. If undertaking district midwifery, £12.

It is noteworthy that at Woolwich it is only gentlewomen who are trained nurses that are

required; which means practically that an educated woman, after undergoing three years' training in a general hospital or infirmary, can, by sacrificing six months of her time and paying £20 (or, if she undertakes district midwifery, £12), be trained as a midwife. When she has sacrificed this time and money, the question is, "What advantage is she likely to receive?" for it is hardly reasonable to expect her to take up the work from purely philanthropic motives, any more than it would be reasonable to expect a doctor or teacher to do so.

Here are some interesting advertisements bearing on the subject:—

(1) Wanted, District Nurse for small country town; C.M.B. £60.

(2) Required, a Cottage Nurse for country district; fully qualified midwife and general training; good cyclist. Inclusive salary, £55.

In the following two advertisements no midwifery qualification is demanded:—

(1) Wanted, fully trained District Nurse. Salary, £75 per annum.

(2) Wanted, Lady Nurse, fully certificated, with district experience. Salary, £90, inclusive.

Another advertisement worth considering is the following:—

"Queen Victoria Jubilee Institute for Nurses.—Required, etc., etc. Preference will be given to candidates who hold the C.M.B. certificate."

In this latter case it is decidedly an advantage to hold the C.M.B. certificate, for not only do the nurses who hold it have the preference, but, as a rule, the Q.V.J.I. give a rather higher salary to such nurses.

This is, of course, a commonsense way of inducing nurses to qualify as midwives. But all nurses cannot be Queen's Nurses, and most other societies do not in any way encourage their nurses to qualify as midwives; indeed, so much is this the case, that many nurses who have already obtained their C.M.B. very carefully avoid all midwifery or maternity work, and for this the reasons are sufficiently obvious.

First, by undertaking midwifery, the nurse receives (in many cases) no higher remuneration.

Second, her responsibilities are greatly increased, and her night rest constantly disturbed or entirely lost.

Third, her social status is not improved.

Some time ago I received a letter from a midwife, who is working in a remote district in the West of Ireland, and receives a salary of (I believe) £36 a year. I think she is supposed to



board with her patients when her services are required, but as they are mostly too poor to provide properly for themselves, she has usually to board herself. She has one-room in a cottage, but, when she has been up all night, often finds it impossible to sleep, on account of the noise made by the landlady's children. This woman has worked in her remote district for years, leading a life of great loneliness and hardship, as an extract from her letter will testify:—"I was called to a patient in —, a distance of three sea miles, at 5 a.m. on the morning of Sunday week. I went immediately, and it was very cold at the time. I had to stay with Mrs. — until Tuesday, the sea was so high the curragh could not return. I went then on board the steamer that takes goods, etc., from —, but when we reached — not a boat could leave the shore. Poor me was obliged to go 30 miles to the mainland, and to endure the most horrible sea-sickness that can be conceived. We were attempting to cross every day without success, one time going back a three hours' sail, and, oh! the sea-sickness each time. At length I reached here last Monday, wearied and desperately put about. Happily, the patients did not suffer through my absence."

In spite of the remoteness from medical aid, this nurse has never lost a midwifery patient; but it is easy to imagine what extreme anxiety she must sometimes have undergone in a difficult confinement.

Although this case is doubtless an extreme one, all midwives take a grave responsibility, and as their patients are mostly of the very poorest class, and often unclean, both in their persons and houses, they have to contend with greater difficulties and dangers than usually falls to the lot of ordinary medical men.

A Manchester midwife once said to me that she thought the Inspector of Midwives ought to inspect the patients' houses, and insist on cleanliness of house and person before the midwife's services were required, instead of blaming the midwife when anything went wrong. The weight of responsibility connected with her work lay heavily upon this midwife, and, had she had other means of earning her living, she would have given up her practice and supported herself otherwise. She told me that occasionally she had absolutely declined to undertake cases on account of their dirtiness, and yet these women had sent for her at the last moment, when it was too late to get other help; and so she had felt compelled to look after them. Now, if the difficulties of a Manchester midwife are so great, on account of lack of cleanliness, there can be little doubt that the difficulties of midwives in other towns

will be greater, for the Manchester poor, or, indeed, the poor of Lancashire generally, are, on the whole, an industrious, clean, thrifty race, who scrub the fronts of their houses, and even the street pavement in front of their doors, and whose houseplace is a marvel of cleanliness and polished brass fire ornaments.

Unfortunately, many charitable societies seem entirely to forget that "the labourer is worthy of his hire," and pay their midwives, not according to the value of their services, but according to the lowest scale which extreme competition and necessity compels them to accept; and midwives working on their own account are in consequence compelled to accept such low fees that only by very hard work are they able to make a living, and are too often tempted through over-pressure and weariness to perform their duties in a less conscientious manner than they would otherwise do.

It is scarcely surprising, surely, that with such responsibilities, such hardships, and such pay, women of limited means are not keen to spend from £12 to £50, and to give from three to six months of their time, to qualify for posts which, when they are obtained, scarcely furnish a living wage or the most simple comforts and pleasures of life.

There appears to me to be one, and only one, rational and feasible solution to this knotty question, and that is, to provide midwives, or, better still, midwife doctors for the very poor, and to pay them partially or entirely from the local rates, or from the coffers of the State. Midwives should receive a minimum salary of £100 a year, and in the case of doctors acting as midwives the salary should be at least £200 a year.

MARY MONKHOUSE.

#### THE 1910 UNION OF MIDWIVES.

A Drawing Room Meeting of the 1910 Union of Midwives is to be held on Saturday, Feb. 19th, at 7, Delamere Terrace, Westbourne Square, W., at 3.30 p.m., when certified midwives will have the opportunity of hearing from its promoters what the Union hopes to achieve. The fact that its officers and executive committee are all certified midwives shows that organisation is being undertaken on the right lines, and should inspire confidence in its future. We are glad to know that "it affirms with all the resolution at its command, that a condition of the modification of the (Central Midwives') Board in the direction of direct representation by popular election is at once essential and inevitable." It further declares this feeling to be deep-seated and widespread, though no adequate and organic expression has been given to it hitherto. This journal has always pointed out the vital importance to midwives of representation on their governing body.

# THE BRITISH JOURNAL OF NURSING

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EDITED BY MRS. BEDFORD FENWICK

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XLIV.

## Editorial.

### "THE NURSING JOURNAL OF INDIA."

It is with great pleasure that we welcome the latest addition to the steadily growing list of professional journals, *The Nursing Journal of India*, a monthly publication, the first number of which has appeared this month. It is published by the Association of Nursing Superintendents of India and the Trained Nurses' Association of India, and is edited by Mrs. W. H. Klosz, R.N., Akola, who received her professional training under Miss Nutting at the Johns Hopkins Hospital, Baltimore, the best of preparation for work which needs a knowledge of nursing history, and a broad-minded and liberal education. The Johns Hopkins' Nursing Library has its special historical section, and it will be remembered that, under the name of the "Teresians," members of the Nurses' Alumnae Association formed themselves into a society for the purpose of acquiring knowledge of all that concerns the history of their profession.

The manager of the new journal is our Indian collaborator, Miss J. W. Thorpe, of the Civil Hospital, Belgaum, Hon. Secretary and Treasurer of the Association of Nursing Superintendents of India, and a member of the Matrons' Council of Great Britain and Ireland, who at its annual meeting received a hearty vote of thanks for her enthusiastic work for the journal and the new Nurses' Association. During the past year, in addition to much other work, she has succeeded in collecting enough money to assure the support of the journal for its first year.

The need of a nursing journal to co-ordinate the interests of nurses in India has long been felt, so now that the Associations of Superintendents and Nurses are well established, it is natural that they should take an early opportunity of carrying out

a long-cherished plan. They could not undertake a more necessary or important piece of work, and in so vast a country it ought to have a great success.

Once organisation was begun in India its development has been rapid. We are told by *The Nursing Journal of India* that when a few Superintendents came together in Lucknow in January, 1905, no one dreamed of a nursing magazine for India, and the Association of Nursing Superintendents of the United Provinces and the Punjab satisfied the ambition of its founders as a beginning. The next year the title was altered to embrace the whole of India, and conferences have since been held in Lahore, Bombay and Agra. The interest of its members has now made possible the publication of the new journal, which it is proposed shall represent all departments of nursing work in the country. The journal contains much interesting information, including the address of the President of the Superintendents' Association, Miss Tippetts, Superintendent of Nurses at the Mayo Hospital, Lahore, at the Conference held at Agra, which shows that the Association is inspired with worthy ideals and is striving to bring the standard of nursing in our great Indian Empire into line with all that is best in other countries. It is most interesting to learn that a resolution on Central Boards of Nursing Education passed at the last Conference was sent to the Governments of the various Provinces and to other authorities concerned, and, in consequence, the Association has been asked by the Punjab Government what rules it would consider necessary for the examination and registration of nurses. This shows the influence of the organised Superintendents, an influence which now that they have the support of a journal of their own, is materially strengthened.

## Medical Matters.

### PELLAGRA IN ILLINOIS.

In connection with the question of pellagra, which just now is receiving so much attention, the *Lancet* publishes an interesting account of an outbreak at the Peoria State Hospital for the Insane, Illinois, U.S.A., where there are 2,150 incurable lunatics. In August last Dr. G. A. Zellar, the Medical Superintendent, discovered and reported several cases, and Capt. J. F. Siler and Capt. H. J. Nichols, of the United States Army Medical Corps, were at once despatched to study the disease in co-operation with the medical staff. Their report, now issued, shows that after careful examination of all the inmates and excluding many doubtful cases, it was decided that 175 of the men and women were pellagrous, and that some 70 per cent. of these had suffered from previous attacks. It is now calculated that the disease has been prevalent, but unrecognised, in the asylum for at least four years, during which time complaints have been received, from friends of inmates who had died, of sunburns on the backs of the patients' hands; coroners' inquests have been held on patients who were thought to have incurred severe scalds of the feet; and attendants have been dismissed for supposed carelessness while administering hot baths. Diarrhoea, dysentery, and ulcers in the colon at necropsies were present in some cases, but a faulty water supply was held to be responsible for some of these symptoms. The patellar and plantar reflexes were abnormal in about three-fourths of the patients, and were usually excessive. Cultures of the blood, spinal fluid, and spleen pulp were negative. There was no evidence that the maize, on which the patients were fed to the amount of two ounces per day, was diseased, but the investigators state: "The possibility of an intoxication from bacterial action on maize products in a damaged intestine is considered the most promising field for study." One of the arguments in favour of the protozoal nature of pellagra is the mononuclear increase in the blood of patients, but at Peoria this increase was not found. The complete freedom from pellagra in this asylum of the resident staff, physicians, attendants, and servants makes it difficult to understand how the infection can have arisen through any biting insect, and as nearly all the pellagrous patients had been resident in the asylum for periods varying from two to seven years, we must agree with the report that there is "a strong indication that the exciting cause of the disease is present in the institution."

Referring to the striking photographs of the

disease published in the "Pellagra Number" of the Illinois State Board of Health Bulletin, our contemporary makes the interesting suggestion:—The well-marked symmetrical eruptions are doubtless due to the fact that the asylum is managed without restraint; the windows are not barred and the grounds are not enclosed by any wall or fence; hence the exposure to sunlight during the summer months is practically unlimited.

### THE MANAGEMENT OF CHILDBED.

The *British Medical Journal* draws attention to an interesting work on the Management of Childbed, by a German writer, Dr. F. Fromme, "Die Physiologie und Pathologie des Wochenbette." According to our contemporary, Dr. Fromme is a convinced advocate of what Dr. Ballantyne, in a recent communication to the Edinburgh Obstetrical Society, called "The Rational Puerperium." He excludes from his general rule cases of exceptionally long labours, of operative delivery, cases in which fever is present, or any other complication. But in a healthy lying-in after a natural labour he advises that on the first, second, and third day the patient should sit up for about an hour morning and afternoon, and that she should get up on the fourth or fifth day. He does not press this on patients who do not feel equal to it. But experience has convinced him that in a natural puerperium the patient is all the better if she gets up soon instead of keeping her bed a long time.

Methods of procuring asepsis by antiseptics of course receive due consideration. The author, by implication, though not explicitly, accepts the views of Sir Watson Cheyne that the effect of pathogenic microbes is largely a question of dosage; that sterilisation of the hands and everything else that comes into contact with the patient is a practical impossibility. All that can be done, and in good hospitals is done, is to make the dose so small that leucocytes can deal with it. The methods of Lord Lister and Sir Watson Cheyne are such that any general practitioner, or any midwife who understands them, can carry them into effect without difficulty. But Dr. Fromme will have him wash his hands for five minutes in flowing hot water with soap and a nailbrush; then dry them with a sterile towel; then wash them for five minutes more in a 70 to 96 per cent. alcohol; then two minutes in 1 to 1,000 solution of sublimate. And after this procedure he is to put on sterilised indiarubber gloves. Does he really think, asks our contemporary, that the average German midwife, or German general practitioner, will go through all this performance,



and, in addition, afford the expense of india-rubber gloves? Is he unacquainted with the dictum of one of the world's greatest surgeons and most brilliant operators, to the effect that the use of gloves to the surgeon is to keep his hands clean while he is *not* operating, so that he may take them off when the time to operate comes, and touch the patient with clean hands? Again the hair of the vulva is always to be cut short, or before an obstetric operation shaved. Apart from these antiseptic extravagancies, which only indicate a want of confidence in simple means—or, may we put it, a want of trust in Lord Lister?—Dr. Fromme's advice as to the conduct of child-bed is sound and good. He does not advise vaginal douches in a normal lying-in. There is a great deal of information about the different kinds of bacterial infection to which the puerperal woman is liable and their effects.

#### TROPICAL HYGIENE.

At the first of a series of lectures on "Tropical Hygiene," delivered by Dr. W. J. Simpson, in the Council Room of the London Chamber of Commerce, he said that there were good commercial and Imperial reasons why merchants should be interested in tropical hygiene and in the work of the London School of Tropical Medicine. Our tropical possessions covered an area of over 5,000,000 square miles and represented half of the British Empire. If we set aside India and the West Indies on the supposition that their progress was satisfactory, there remained that vast territory, the size of Europe, where there were scope and opportunity in plenty for energy and enterprise. The greatest obstacle to the full and rapid development of these regions was a dread of their unhealthiness.

So far as our knowledge went, there were for a European three conditions essential to the maintenance of health in the tropics. The first was that the individual must adapt himself to the climate. He must wear suitable clothing, protect himself from undue exposure to the sun, live a simpler life in regard to food and drink, and be regular in his habits. Secondly, he must live under sanitary conditions; and, thirdly, he must be protected from insect-borne diseases. The influence of the London School of Tropical Medicine, and the Liverpool School of Tropical Medicine, had been so remarkable that other nations had followed its example. The mortality of Europeans was very different to-day in the West Indies, in West Africa, and in most parts of India from what it was when our soldiers and traders first occupied those countries.

Dr. Simpson proceeded to explain the nature of the casual agents of infection and the manner in which insects spread disease.

## Massage Teaching at the School for Nurses at the Salpêtrière Hospital, Paris.\*

By MISS G. PROCOPE.

It was not without a certain amount of hesitation that—nearly two years ago—I undertook to organise a course of instruction on massage at the New School for the Assistance Publique Nurses at Paris.

I realised only too well the difficulties I had before me. It was not only a question of doing something hitherto unknown, but a question of going against certain prejudices—a question of overcoming certain opposition.

It was indeed the first time that a course of regular and methodical massage had ever been organised in Paris, according to a fixed programme; hitherto there had only been theoretical lectures, without any practical application. Consequently, what I really had to do was to found a school for massage, and just because it was a question of a school, including regular recruitment and constant training of masseuses, I felt how very hard my task might be. The situation, from a public point of view, in France is quite different from that of many other countries. Although they realise the immense benefits derived from massage in medical treatment, there is no other existing organisation corresponding to this therapeutic need worthy of the name.

Except a certain number of experienced practitioners—mostly foreigners—many so-called masseuses in Paris have never gone through the long training needed for the profession, hence some discredit clings to the name of "masseuse." For this reason, too, doctors have kept difficult "massage" cases for themselves, leaving the easier cases to inexperienced masseuses, to carry out their prescriptions. I might add that these inexperienced ones are many of them only desirous of pleasing their patients by aesthetically treating the physique, instead of attaching importance to what is conducive to health. You can, therefore, easily understand what a delicate matter it was to organise a course of instruction of this kind for hospital nurses.

In almost all the Paris hospital wards, by force of circumstances and for the want of a regular organisation, the doctors and surgeons had been obliged to call in "masseuses" who were recruited haphazard, without any guarantee for their efficiency, and in no way forming part of the staff.

\* Read before the International Congress of Nurses, London, July, 1909.



Monsieur Mesureur, on asking me to organise a course of massage for the pupils belonging to the School for Nurses, wished to remedy this state of affairs.

The opportunity was a favourable one for such an undertaking. I was to deal with careful, attentive pupils, well up in anatomy and physiology, for the School had spared nothing to give them every advantage in that respect, whereas there are nurses who have to suffer from a prevalent idea that overmuch science often deteriorates their skill as nurses.

Anatomy and physiology are most necessary for a "good masseuse," and, I would add, even for a good nurse. Then I could draw up a clear programme of the training in question. These nurses were to be trained to perform any ordinary kind of massage needed in the wards, so I simply excluded any difficult and complicated kind of massage that could not be learnt in a two years' course (as they have so many other classes to attend), and the question of private cases, which these young girls would never be called upon to treat, I completely ignored.

Thanks to the kind help from the house doctors, from other doctors and surgeons, and from the "Administration," I am regularly able to recruit about twenty patients daily, who are sent to us from the different Paris hospitals. Each patient is the bearer of a special paper, supplied by the School, on which the doctor has written his diagnosis, exemplified by a design of the human figure. Our responsibility is thus considerably lessened by the prescription of a medical man, which we always demand before starting on a fresh case.

I use this same paper, specially prepared for the purpose, to write my massage instructions in detail for the pupil.

The classes begin in the month of January, so as to enable the pupils who have joined the School in October to acquire a notion of anatomy and physiology, which, as I have already stated, is the basis of massage. The number of lessons for the first year is twenty.

I begin by a general theory on mechano-therapeutics—i.e., gymnastics and massage—leading on to the physical requirements of the masseuse, with advice on the hygiene of the hands, the shape of the nails, and—what is most imperative—the way to proceed so as to obtain the maximum strength with the minimum fatigue. For it is a well-known fact that the continual effort made in massage often causes serious heart trouble or functional trouble in the arms. A masseuse must also have a thorough knowledge of the accidents that so often occur at the début, sometimes inevitable and always possible, so that she can warn

the patients, who otherwise might be alarmed.

Then we come to the various manipulations, so widely different and each having its own physiological purpose. The knowledge of this is, so to say, the keynote of all treatment of this kind, combined with a perfect comprehension of the pathological state of the tissues concerned.

This being of such capital importance, I insist upon it most particularly, and try to make sure that my pupils have perfectly understood me, both by oral questions and written compositions. A pupil comes forward to serve as a subject of demonstration. I make her lie down on a bed for the different manipulations, whilst I thoroughly explain my way of proceeding and how to apply the different manipulations to the different parts of the body.

The number of my pupils was a difficulty; there are too many to all benefit by the lesson at once, and as I am most anxious for each to thoroughly understand such an important detail of the lesson, I have divided the pupils into sections or groups of twenty, so that they are all able to follow this practical part of it most closely.

The knowledge of the pathological tissues concerned is most indispensable, and this is the object we now have in view. The pupils ought to know the different phenomena which take place in the various forms of traumatism, or in simple contusions, sprains, luxations, or in simple and compound fractures, when they are of recent date, or when some time has elapsed since the accident. Of course, they must be well up in all kinds of inflammation in the articulations, and the morbid changes produced by it, not only in the articulations, but in the surrounding parts, so as to conduct the treatment by attacking the root of the disease as well as the radiations.

They ought to know all about the beneficial effects of massage in phlebitis, once the inflammation has subsided; but they ought also to be fully aware of the dangers of such a treatment if badly performed.

And although they need not be acquainted with all the various forms of heart disease, they ought not to be ignorant of certain effects of it—for example, œdema and dyspnoea, which both disappear under the beneficial influence of massage and suitable gymnastics.

The number of lessons being comparatively few, I go deeply into—and particularly insist on—cases usually to be found in hospitals, and which are certainly not quite the same as those to be found among other patients. The hospital only takes in those whose state requires bed.

To familiarise my pupils with massage on

the human body, and so spare the patient the first awkward fumbings, they are obliged to practice on each other in their bedrooms in the evening, under the superintendence of a mistress chosen among the second year pupils. These are sixteen in number, and have six pupils each to superintend.

At the end of June they undergo an oral examination and a practical one, when I can test their knowledge and give them marks accordingly. Thus prepared, they begin the second year by putting their knowledge at once into practice.

We have a clinic for massage at the School; the patients are sent by doctors from the different hospitals. They come to us with the diagnosis of their case written on the aforementioned paper.

We have three large rooms on the ground floor of the School at our disposal—one for women patients, one for men, and the third is a waiting-room and gymnasium, in which there are various apparatus for exercises. We use these apparatus to complete the manual treatment in certain cases, and they are also used by the pupils themselves, as a gymnasium, after their baths—(the baths are close by)—when they wish to complete their own hygiene by gymnastics, according to the Swedish system.

The massage rooms contain folding massage benches of two different heights, covered with white oil-cloth; a long table, some stools, a wash-hand stand to wash our hands after each case, and a cupboard in the corner, with compartments containing vaseline, powder, towel—in fact everything needed by each clinic pupil, for all the pupils cannot all work at the same time.

Once a week, on Tuesday at 5 o'clock, all the clinic pupils are assembled into one of these rooms—sometimes the men's, sometimes the women's—when a male or female patient is brought in from the waiting-room. A glance at the prescription paper, which gives the diagnosis, enables me to examine our patient, rapidly explain the case to the pupils, and give my necessary instructions for the treatment of the case to the pupil responsible for it.

In this way the pupils can see a variety of cases, especially as they only treat the same patient two or three weeks at a time, which, however, does not prevent them following up the case and observing the changes that take place during the treatment; by this means, too, they have an opportunity of getting their hands into good training by the different manipulations. After the fresh patients, I examine those already under treatment, note the progress, and try to hasten the cure by a change in the treatment, if this appears necessary.

As I have already mentioned, my visit to the School takes place once a week, but patients come in daily, and then the work goes on under the enlightened superintendence of Madame Jacques, the Superintendent of the School, and my best and most deeply interested pupil; or if Madame Jacques cannot be present, her place is taken by a mistress.

To give you statistics of the number of patients who have been treated at our clinic, or to enumerate the different cases which I have dealt with there, is beyond me, and it would take me too long, but I must say the results obtained have been very good. Our patients have shown great confidence, and the best proof of this has been the perseverance with which both men and women have continued their treatment—often a painful and slow one.

It is needless for me to dwell on the rapid success of massage in cases of sprains, but we have noted with satisfaction the complete disappearance of pain, and the complete disappearance of constitutional disorders in longstanding cases of a similar nature, and this in a comparatively short time.

I will not take up more of your attention, but I considered it only right to inform you of the founding of a massage training for nurses right in the heart of the School, that is destined to supply in Paris hospitals a training such as cannot be had elsewhere in Paris.

Massage is such a necessary item in a nurse's training (following on the doctor's orders), she ought at once to be capable of performing the manipulations, the use and beneficial effects of which, unfortunately, so few people realise.

## Our March Prize Competitions.

### SOMETHING ABOUT OLD SISTERS

We offer a prize of one guinea for a paper of reminiscences entitled, "Something About Old Sisters." In this connection the papers must deal with those Sisters or Head Nurses in charge of wards before 1885—women who acquired their knowledge and skill by personal application, rather than as the result of systematic instruction. The papers, which are not to exceed 1,500 words, should reach the Editor, at 20, Upper Wimpole Street, Cavendish Square, London, W., on or before Saturday, March 12th, 1910.

### THE PRETTIEST PATIENT.

We also offer a prize of 10s. for the photograph and description of "The Prettiest Patient," to reach the Editor, at 20, Upper Wimpole Street, Cavendish Square, London, W., on or before Saturday, March 19th.

## A Synopsis of the Nurses' Registration Bill.

It may be useful to draw attention to the provisions of the Bill to Regulate the Registration of Nurses, which will be introduced to Parliament under the authority of the Central Registration Committee.

*Clause 1.*—Name of Act.

*Clause 2.*—Defines the three classes of nurses to be registered—Women Nurses, Male Nurses, and Mental Nurses.

*Clause 3.*—Council incorporated under the title of the General Council for the Registration of Nurses in the United Kingdom.

*Clause 4.*—Constitution of Council, to consist of 21 persons. Three persons appointed by Privy Council, one at least to be a woman. Eight medical practitioners. Eight registered nurses, three of whom must be Matrons. One male nurse or medical practitioner. One mental nurse. Provided until there is a constituency of registered nurses the Council shall be composed of three persons appointed by the Privy Council, eight medical practitioners, thirteen nurses, representing the registration and other nursing societies, and one nurse or medical practitioner appointed by the Royal British Nurses' Association. These persons will hold office until the President of the Privy Council certifies that it is time for the registered nurses to elect by ballot direct representatives.

*Clause 6.*—Provides that the members of the Council shall be elected for a term of five years.

*Clause 7.*—That the quorum of the Council shall be nine.

*Clause 8.*—Relates to the appointment of the paid officials.

*Clause 9.*—That the Nurses' Register shall be correctly kept.

*Clause 10.*—Defines the duties and powers of the Council. It is to frame rules, to regulate, and supervise the course of training and examinations for nurses, issue and cancel certificates of registration, publish annually a register containing names, addresses, and qualifications of nurses, decide upon the suspension or removal from the register of the names of nurses for any breach of the rules, and take proceedings against persons guilty of offences.

The Council shall appoint three Divisional Committees—one for England, one for Scotland, and one for Ireland—to act in an executive capacity, provided that any nurse may appeal to the Council against decisions of a Divisional Committee.

*Clause 11.*—Provides for the registration of existing nurses during a three-years' term of grace, so that no hardship shall be suffered by nurses.

*Clause 12.*—Provides that after the three years' term of grace those entitled to be registered must produce evidence satisfactory to the Council that a term of not less than three years' training has been completed in the wards of a hospital, or hospitals, approved of by the Council, and have passed such examination as the Council may prescribe.

*Clause 13.*—Makes possible an appeal to the

Privy Council of any governing body of a hospital aggrieved by the refusal of the Council to recognise it as an approved training school for nurses.

*Clause 14.*—Makes registration on reciprocal terms possible in any British possession, provided that the standard of training and examination is equivalent.

*Clause 15.*—Defines the sections of the Nurses' Register, to contain the Women Nurses' Register, a supplementary Register of Male Nurses, and a supplementary Register of Mental Nurses, and provides that male and female mental nurses may also be registered in the Women's and Male Registers if they fulfil the necessary conditions. Certificates of fever nursing may be added to the registers upon payment of a fee of 2s. 6d.

*Clause 16.*—Deals with fees. For the three years' term of grace two guineas is to be paid for registration, after which time there will be a uniform examination held at such places in the three divisions of the Kingdom as are convenient, for which a fee of three guineas may be charged. The total fees charged for examination and registration not to exceed five guineas. Two shillings and sixpence must be paid annually by every registered nurse.

*Clause 17.*—Provides for the payment of fees and expenses to members of the Council.

*Clause 18.*—Provides for penalties to which persons who are not registered are liable, who use the titles of "registered nurse," "registered male nurse," and "registered mental nurse."

*Clause 19.*—States that a copy of the Nurses' Register, certified to be a true copy, shall be evidence in all courts of law that the nurses whose names are therein specified are registered.

*Clause 20.*—Provides the penalty for obtaining certificate by false representation, and for falsification of register.

*Clause 21.*—Makes it compulsory before suspending or removing any nurse's name from the register for the Council to send such nurse a statement in writing by registered letter.

*Clause 22.*—Gives power to nurses to appeal from the decision of the Council to the High Courts of Justice in the several divisions of the Kingdom in which they reside.

*Clause 23.*—Prohibits a registered nurse from the practice of medicine, and from undertaking the treatment or cure of disease.

### SUMMARY.

The chief recommendations in the Bill are:—

1. Direct representation of matrons and nurses on their own governing body.
2. The one-portal system—that is, the one standard examination before registration.

We have received an admirable communication from Miss Mollett on Registration Finance, which we shall publish next week.

The Hon. Secretary of the Society for the State Registration of Trained Nurses will be obliged if the members who have not yet done so will kindly forward their 1s. subscriptions for 1910 to 431, Oxford Street, London, W.



## Nursing in Italy.

Queen Elena, of Italy, visited the Polyclinic Hospital at Rome on the morning of the 8th inst. Princess Doria, and Signora Muraini, with the hospital authorities, received her Majesty, and accompanied her in her visit to the new building for the Scuola Convitto Nurses' Home for Professional Nurses. Her Majesty expressed great satisfaction and her interest in the work; offering to send some prints for the Nurses' sitting-room and refectory. She afterwards visited with Professor Bastianelli the wards where the School will commence their work. The press in reporting this visit mentions that "a staff of highly trained nurses has been engaged for the practical training of the pupils, and the doctors of the Polyclinic will impart the scientific instruction," adding that "a work so highly modern and rising under the protection of the Queen who herself acted as the first nurse of Italy in the days of the Messina and Reggio disaster, must surely be attended by success."

As we have reported, a highly qualified English nurse, Miss Dorothy Snell, will superintend this new School of Nursing at Rome. She leaves England for Italy on Saturday, the 26th inst., with the heartfelt good wishes of her colleagues at home for success in this most interesting new work. Although so unlike in temperament, the English and Italian peoples are wonderfully sympathetic; the truth is we love their sunny smiles, and no doubt they realise there is something satisfactory in our solidarity.

## A Tempting Invitation.

The Executive Committee of the two National Societies which form the American Federation of Nurses, have extended most cordial invitations to all officers and honorary members of the International Council of Nurses to go to the United States this spring to be present at the annual meetings to be held in New York in the third week in May. American nurses intend to have some appropriate commemoration of the fiftieth anniversary of the foundation of the Nightingale School at St. Thomas' Hospital. How delightful it would be to accept this tempting invitation! But, alas! we fear but few will this year have the happiness of enjoying such a holiday. Until Registration in the United Kingdom is an accomplished fact we have got to sit tight at home, and all spare pennies must go in furthering legislation. There will come a time—but that is another story!

## Preliminary Training for Nurses.

### THE PRELIMINARY NURSING SCHOOL AT GUY'S HOSPITAL.

It happened that when visiting Guy's Hospital last week, to obtain some information from the Matron, Miss L. V. Haughton, as to the Preliminary Nursing School, I was directed to her office, and in the outer office were a number of probationers, in neat mauve print uniforms and spotless caps and aprons. They were the class of pupils of the Preliminary School, who had just passed their examination and were being interviewed by the Matron before admission to the wards.

All the probationers at Guy's Hospital, whether ordinary or paying pupils, are required to pass a satisfactory course of instruction and practical work in the Preliminary School, which forms part of the Henrietta Raphael Nurses' Home. Seven weeks is allowed for each course, six full weeks of instruction and three or four days for the practical examination. The remaining days allow the two Sisters in charge of the School to have a few days' holiday before taking in a new set of pupils.

The preliminary probationers have no intercourse with those working in the hospital, the School being kept entirely distinct, but they are responsible under the Sisters for the housework of three floors in the Home, with the exception of some of the rougher work, and are thus trained in the habits of order, method, and thoroughness expected of them when they reach the wards.

Each probationer pays six guineas for board, residence, and tuition, provides herself with indoor uniform, and pays her personal laundry. She has a separate bedroom, in which hot and cold water are laid on, and there is a common sitting-room besides class rooms, lecture room, museum, and kitchen fitted up for the practice of sick room cookery.

The course includes tuition and practical work in elementary anatomy, physiology, hygiene, dispensing, bandaging, the making of dressings, use of instruments, bed-making, house work, and sick room cookery. The sick room for the nurses is under the charge of the Preliminary School Sisters, and the pupils in this way get an insight into practical nursing and accustomed to the appliances used in a ward, though they do not perform any of the actual nursing. They also do the cookery for the nurses' sick room.

The pupils go on duty at eight o'clock, and, with an interval at 9.30, when they attend prayers in the Chapel, they are occupied with the practical work of the Home till 10.30 a.m.



They then attend a class on practical nursing till 11.30, when they are either engaged in sick room cookery or in keeping up stock until 12.15. Dinner, and a quarter of an hour off duty, occupy the time from 12.15 till one o'clock, when an hour is devoted to study. At 2 o'clock the pupils go off duty, either from 2-3 p.m. or 2-5 p.m., taking alternate days. From 3-5 p.m. those on duty attend to the stock, pad splints, and prepare dressings, pads, and sponges. Tea is from 5 o'clock to 5.30 p.m., and from 5.30 to 7 p.m. there is a class on anatomy, physiology, or hygiene. From 7 to 9 p.m. is devoted to study; supper is at 9 o'clock, chapel at 9.30 p.m. The pupils are in their rooms at 10 o'clock, and lights are out by 10.45 p.m.

The teaching during the course is given by the Sisters in the Home, and the final examination lasts several days.

The drilling which the pupils receive in the Home is beneficial in two ways. Those who prove quite unsuitable are weeded out before entering the wards, and their acquaintance with underlying principles, and with the elements of practical work, makes those passed into the hospital useful to some extent at once, and so the ward work runs more smoothly. No hospitals which have once had experience of the benefits which follow the institution of a preliminary school, would return to the old system of admitting probationers on trial to the wards at once.

It rests with the Matron to determine at the end of the course whether the probationer shall continue her training. If she is admitted to the wards, she is on probation for a further period of three months, and is placed for a month in a medical and a month in a surgical ward. If she gets a thoroughly satisfactory report from the Sister of each ward, she may be allowed to sign her agreement at the end of two months. More often she serves for another month, and during this period the Matron may at any time terminate her engagement.

#### SPECIAL TRAINING.

During their three years' training, generally early, many of the probationers receive instruction in massage free, and the hospital authorities also pay their examination fee. In return for these benefits, they are expected to undertake such massage as may be required of them in the wards.

A number of Guy's nurses also obtain their maternity training, being allowed six weeks absence from the wards in order to obtain their cases in connection with the District Maternity attached to the hospital. During this time they pay a fee of £10 10s. They then return

to the hospital and work in the maternity wards, and go up for the examination of the Central Midwives' Board.

It will be seen, therefore, that Guy's Hospital offers very substantial advantages in the way of training to members of the nursing staff.

#### INSTRUCTION IN ADMINISTRATIVE WORK.

The hospital authorities also offer opportunities to accepted candidates, holding a certificate of three years' training in a general hospital of not less than 200 beds, and who have subsequently had experience as Ward Sisters, of instruction in administrative work. The fee for the course, which extends over three months, is eighteen guineas, and it comprises instruction in housekeeping in hospital and nurses' home; the management of kitchens and stores; the ordering and receiving of milk, meat, etc., from tradesmen; the management of servants and their work; the cooking and serving of diets to patients and staff; laundry work; the management of linen stores, including stock-taking, and book-keeping; and the management of the Matron's office, including the engagement of probationers and servants.

M. B.

### Practical Points.

Writing in the *American Journal of Nursing*, Miss Margnerite Parke says:—

For cellulitis of the hand or forearm, a continuous bath has been constructed, which is approved of and used very extensively by the surgeons of Roosevelt Hospital, New York City.

The bath consists of a granite or enamel tub, measuring about two feet in length and one foot in width; the depth may vary, although it is generally about nine inches, just about deep enough to immerse the hand and forearm.

The tub rests upon brackets, swung within an iron frame wide enough to receive it, and about the height of the bed. On a shelf under the tub rests the electric heater attached to the general circuit by the usual electric wire. By means of this heater the solution in the tub is kept at the required temperature, usually 112 degs. Fahr.

The patient is brought to the side of the bed corresponding to the infected member, and propped on pillows or a back-rest with pillows, although the former method insures greater comfort. If a rubber cushion especially designed for the head of the tub, on which to rest the arm, is not procurable, one may be improvised by means of a hot water bag filled partly with warm water, partly with air.

The immersion in the solution, which is generally sterile saline, may be continuous, or may last from an hour and a half to two hours, when a rest is given the infected member, after which it is immersed again.

## The Irish Nurses' Association.

On Tuesday evening, 15th, we had a very instructive lecture on "Fractures," from Surgeon de Courcy Wheeler, at the Association's rooms, 86, Lower Leeson Street, Dublin. He always lectures very well, and therefore we had a full room. He commenced by saying that up to quite recent years there was little or no advance in the treatment of fractures; in fact, the natives of Uganda knew as much as most others, and their *régime* would be the same—splints—for the most part. An old writer named Ambrose Parey, in the preface to his book on Surgery, written in 1579, said he had studied the subject of fractures for fifty years, and that the treatment as laid down by him was so complete that nothing was left by posterity to improve!

Poor Ambrose would be surprised now to hear that posterity were preparing in many cases to do without splints altogether. The lecturer dwelt a good deal on the subject of "open" operations in plenty of cases, especially where union of bone was difficult, and told us of the benefit it was. He also spoke of how surgeons generally are allowing freedom of movement once all pain in the parts has ceased, and gave as an authority Lucas Champièrre, of Paris, who advocates the movements of the ends of the bones. Of course, massage takes a leading place now with fractured bones. To us old stagers, when we remember our awful fright in bad fracture cases, lest they budge the one-eighth of an inch in the bed, this seems astonishing, but in medical matters we have become used to surprises. Certainly the end justifies the means, and if better adhesion and sounder limbs ensue, by all means let us have movement. What a boon in the case of little children! He said that the advent of X-rays had revolutionised and enlightened the whole realm of fractures. Another mode since poor Ambrose's time is that blood is now injected straight into the seat of the injury, which helps to form callus. He talked with admiration of Mr. Arbuthnot Lane, of London, who, although much laughed at, has stuck to his point for twenty or thirty years, in advocating these newer methods. Practically speaking, so far most cases of so-called healed fractures have good reason to remember their injuries: they are very seldom without the reminder, such as rheumatic pains, swelling, and frequently shortening of the parts. Mr. Wheeler had brought many photos, X-rayed, as well as the various plates and screws now used in "open" operations, to show us.

V. R.

## An Illustrious Chirurgeon.

Amongst the treasured possessions of the Editor of this Journal is an old volume, printed in 1634 by Thos. Cotes and R. Young, of London, of the works of that famous Chirurgeon, Ambrose Parey translated out of Latine and compared with the French, by Th. Johnson. The Author's Epistle Dedicatorie, "To Henry the Third, the most Christian King of France and Poland," dated Paris 8th February, Anno Dom., 1579, shows this most illustrious surgeon as a polished courtier and man of affairs. The catalogue of his works, 29 in number, show the scope of his stupendous researches and learning:—

1. An Introduction, or compendious way to Chirurgery.

2. Of living creatures, and man's excellency.

3. Of the Anatomy of man's body.

4. Of the vitall parts contained in the chest.

5. Of the Animall parts placed in the head.

6. Of the Muscles and Bones, and other extreme parts of the body.

7. Of Tumors, contrary to nature in general.

8. Of Tumors, contrary to nature in particular.

9. Of Wounds in generall.

10. Of the green and bloody wounds of each severall part.

11. Of wounds made by Gun-shot, and other fiery Engines, and all sorts of weapons.

12. Of Contusions, and Gangreenes.

13. Of Ulcers, Fistulae, and Hemorroides.

14. Of Ligatures and Bandages.

15. Of Fractures.

16. Of Luxations, and Straines.

17. Of diverse affects of the parts not agreeable to nature, whose care commonly is performed by the hand.

18. Of the Gout.

19. Of the Laes Venerea (these words, in large type, proving how serious in the estimation of the great Parey are its ravages), and those Symptoms that happen by reason thereof.

20. Of the small Poxes and Measels, and also of Wormes, and the Leprosie.

21. Of Poysons, and of the biting of mad dogges, and the stinging and biting of venomous creatures.

22. Of the Plague.

23. Of the Art to repaire those things which are defective, either by nature or accident.

24. Of the generation of man.

25. Of Monsters and Prodigies.

26. Of the Faculties of simple medicines, together with their composition and use.

27. Of Distillations.

28. A Treatise of reports, and the embalming of dead bodies.

29. An Apologie, and Voyages.

Rich Ambrose Parey! How infinitely richer the world for your ripe knowledge.

Some day we must reproduce some of the woodcuts from the *Compendious Way to Chirurgery*, to prove that it is time we made progress, after 330 years!

## The Nurses' Missionary League.

### SPECIAL MEETINGS FOR NURSES.

Twelve meetings were held at the Passmore Edwards' Settlement, and several in various hospitals, in connection with the special week of meetings under the auspices of the Nurses' Missionary League. The meetings were on the whole well attended. Miss Burroughes, formerly of Guy's Hospital, and Miss J. Macfee, B.A., were the speakers at the Passmore Edwards' Settlement. The former took as her subjects "The Call of God," "Witnesses to God," and "Friendship"; while Miss Macfee spoke of the Mission of Christ, as described in the five clauses of St. Luke IV., 18-19.

At the closing meeting on Feb. 19th, the Hon. Florence Macnaghten, now home on furlough from her work in the Kanga Valley in India, was the first speaker, and dwelt upon Isaiah's vision of God, and its effects upon his life. Miss Macfee then said a few words on the threefold aspect of love—God's love to man, man's love to God, and man's love to his fellow-man.

Miss Burroughes followed, taking as her subject "Discipleship," and dwelling on the need for absolute surrender of life to God, so that we are nothing, and do nothing, and have nothing apart from Him.

The closing address was then given by Miss W. Sedgwick (Somerville College), on the text, "God is faithful Who has called you into fellowship with His Son." She showed how fellowship, or partnership, entails a sharing of responsibilities, sorrows, trials, work, and pleasures; so that our difficulties and troubles are no longer ours alone, and we have a share in Christ's glory and victory, too. And, since God is faithful, we shall have power in times of loneliness and discouragement to live up to the visions we have seen of Him.

## The £100 Registration Fund.

		£	s.	d.
Brought forward	...	...	39	17 0
Miss Edith Harris	...	...	1	0 0
Miss E. M. Jones	...	...	0	5 0

Total, £41 2 0

## The Central Poor Law Conference 1910.

The Council Chamber of the Guildhall was full to overflowing on the occasion of the opening of the 38th Annual Central Poor Law Conference on Tuesday, February 22nd. The Right Hon. the Lord Mayor attended in his robes of office to open the proceedings, and after expressing the pleasure he felt in welcoming the members at the Guildhall, and predicting a successful Conference, withdrew to fulfil other duties. The chair was then occupied by the President, Lord Richard Cavendish. The prevailing note throughout the meeting was the Minority Report of the Royal Commission on the Poor Laws. Lord Richard Cavendish said it was unfortunate that the general impression given by the resolutions passed at the last Conference was that Guardians generally are disposed to meet the Report of the Royal Commission with a direct *non possumus*, and it would incur the suspicion that they disapproved of all innovation.

He prophesied that if a new order of things were set up the same men and women who had given so ungrudgingly of their time and labour in the past, would again be found in the foremost ranks, and he submitted that before committing the nation to a policy very doubtful and costly, it would be wiser to bring the existing system into harmony with modern requirements.

Mr. A. F. Vulliamy read through the Minority Report, and proceeded to deal with it exhaustively, and in no favourable spirit. He considered that the poor are more favourably and sympathetically dealt with by a body elected for that purpose, and who know them, and that the proposals of the Minority Report would tend to diminish thrift, and would interfere with the liberty of the subject.

Mr. George Lansbury made a fighting speech in favour of the adoption of the Report. He asked the Conference to consider that a great deal had happened since 1834. It was a fact to-day that from ten to fifteen thousand children receiving parish relief were living in vicious and immoral surroundings, and that there was in spite of assertions to the contrary much overlapping of charitable schemes, as for instance in education, the feeding of school children, whose parents were already receiving relief, and also in dealing with the unemployed. He also pointed out that phthisis was already handed over to the Public Health Department, and that other diseases would quickly follow. He ridiculed the present system, whereby a person of 69 was styled a pauper, and a person of 70 was not. His remarks were received unfavourably by the majority of the Conference.

Other speakers joined in the discussion.

### A CORRECTION.

In the list of new members of the Irish Nurses' Association, published in our issue last week, the name, M. J. Healey, published in connection with the Coombe Hospital, Dublin, should read M. F. Heatley.



## Appointments.

### MATRONS.

**Wandsworth Union Infirmary, S.W.**—Miss F. M. Middleton has been appointed Matron in succession to Miss Helen Todd. She was trained at Wandsworth Infirmary, and has held the positions of Charge Nurse, Night Superintendent, and Assistant Matron in the same institution.

**Hospital for Infectious Diseases, Port of London Sanitary Authority, Denton, Gravesend.**—Miss Jessie Jackson has been appointed Matron.

**General Dispensary and Infirmary, Jersey.**—Miss Helen Bond has been appointed Matron. She was trained at the Coventry and Warwickshire Hospital, Coventry, where she has held the position of Staff Nurse. She has also been Staff Nurse and temporary Night Sister at the Royal National Hospital for Consumption, Newcastle, Co. Wicklow, Ireland, and Sister at the Infirmary, of which she has now been appointed Matron.

### MATRON NURSE.

**The Infirmary, Alnwick.**—Miss Eleanor Jasper has been appointed Matron Nurse. She was trained at the Royal Infirmary, Bradford, and has held the position of Sister at the Hospital for Women and Children, Bristol; Superintendent Nurse at the Union Infirmary, Todmorden; Night Sister at the Children's Infirmary, Liverpool, and Nurse Matron at the Cottage Hospital, Mold. She has also worked as a member of the Army Nursing Service Reserve, at the Herbert Hospital, Woolwich, and in South Africa.

### ASSISTANT MATRON.

**Stanley Hospital, Liverpool.**—Miss Bertha Pratt has been appointed Assistant Matron. She was trained at the Royal Hospital, Sheffield, and has held the position of Night Superintendent at the Taunton and Somerset Hospital, Taunton; Housekeeper at the South Devon and East Cornwall Hospital, Plymouth, and of Night Superintendent at the County Hospital, Bedford.

**Home Hospital, Leicester.**—Miss Morrison has been appointed Assistant Matron. She was trained at the Royal Albert Edward Infirmary, Wigan, where she has held the appointment of Ward and Theatre Sister for three years.

### SISTERS.

**Union Maternity Hospital, Bradford.**—Miss E. M. Meagre has been appointed Sister. She was trained at the Incorporation Infirmary, Shirley Warren, Southampton, and has held the position of Staff Nurse at the Hospital for Women and Children, Leeds.

**Maison de Sante Protestante, Bordeaux.**—Miss Edith Gregory has been appointed Sister of Medical, Surgical, and Children's Wards at the Maison de Santé Protestante, Bordeaux. She was trained at St. Bartholomew's Hospital, London, and has held the positions of Theatre Sister at the Liverpool Hospital for Women; Ward Sister and Night Superintendent at the Norfolk and Norwich Hospital; Home Sister at the Royal Infirmary Hull; Assistant Matron at Seacroft Hospital, Leeds; and Matron at the London Fever Hospital, Islington.

### QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

#### Matron-in-Chief.

It is officially announced that Miss E. H. Becher, R.R.C., Principal Matron, Queen Alexandra's Imperial Military Nursing Service, has been selected to succeed Miss C. H. Keer, R.R.C., as Matron-in-Chief at the War Office when the latter vacates that appointment on the 5th of April next.

Miss Becher was trained at the London Hospital, and joined the Army Nursing Reserve, and later Q.A.I.M.N.S. She was on active service during the South African War, and has been a Principal Matron at the War Office since May, 1903.

### QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES

**Appointment of Inspector.**—Miss Elizabeth Ross has been appointed Inspector to the Central Counties under the Queen Victoria's Jubilee Institute. She was trained at the Leeds General Infirmary, and was appointed Queen's Nurse in July, 1895. She worked as Queen's Nurse at Handsworth, and as Assistant Superintendent at the Northampton Home. She has since held the post of County Superintendent of the Nottinghamshire County Nursing Association. She holds the C.M.B. certificate.

**Transfers and Appointments.**—Miss Mary Gladwin, to Measham; Miss Jessie McLachlan, to Warrington, as Senior Nurse; Miss Esther Cathcart Smith, to Bath; Miss Dorothy Jones, to Ruthin.

### PRESENTATION.

At the 27th Annual Meeting of the Kent and Canterbury Institute for Trained Nurses, held in the Library of the Kent and Canterbury Hospital, Canterbury, the Bishop of Dover, as President, in the presence of an interested audience, presented to Miss Emily Attwood a gold bar brooch to be worn in connection with her badge, in recognition of 21 years' devoted service as one of the nurses of the Institute.

The Bishop, who amid much applause pinned the bar on to the nurse's cape, stated that she was such a favourite that she was constantly employed, and so got little relaxation.

### RESIGNATIONS.

The Governors of the Hartlepool Hospital, at their last meeting, had before them the resignation of the Matron, Mrs. Farrar, who has held this position for thirty years. Colonel Burdon, J.P., moved from the chair that it be accepted with great regret, and the Secretary was instructed to write to Mrs. Farrar expressing the Governors' appreciation of her services.

At the annual meeting of the Nottinghamshire Nursing Federation Miss E. F. Ross wrote resigning her position of Superintendent. Miss Ross's excellent work in Nottinghamshire is well known, and we are not surprised that a high tribute was paid to its value, and much regret expressed at her resignation.



## Nursing Echoes.



At a recent meeting of the Queen Victoria's Institute for Nurses, the Countess of Dudley reported to the Council the urgent need for the establishment of district nursing work in the various Australasian Colonies. She had come over from Australia with the express purpose of trying to organise an Order of district nurses on the lines of the Queen's Institute and the Victorian Order of Nurses in Canada. She sought the Council's approval and assistance in the scheme. It was decided that the matter should be referred to the Executive Committee, and a further report made to the Council. Lady Dudley proposes to visit Canada with a view to seeking information as to the work there of the Victorian Order of Nurses.

Having come into personal touch with Australasian Matrons and nurses, Lady Dudley is fully aware that district nursing must be carried out by the thoroughly trained and efficient worker. After years of careful organisation, very high standards have been attained by nurses in the Commonwealth, and they would bitterly resent the introduction of the English rural nursing system into Australasia. No two standards of nursing for rich and poor would be tolerated in that democratic quarter of the globe.

We fear the wise warning of Dr. T. D. Griffiths and Mrs. Lancaster, at the meeting recently convened at Swansea in connection with the South Wales Nursing Association, will fall on deaf, if aristocratic ears. The object of the Association is to provide "nurses" for rural districts by training them in "midwifery"—and failing funds (they so often fail in this particular) to pay a Queen's Nurse—to provide a cheaper and less efficient article.

Dr. Griffiths complained of the indefinite nature of the qualifications of the nurses they were going to have. He said we now had doctors, surgeons, and quacks, and they were going to advocate a system of quack nurses. They had no guarantee that the nurses appointed would be qualified for their work. After a woman had seen a few cases she could turn, as a last resource, to nursing. In the first place, they should guarantee proper remuneration, and insist upon certain qualifications. He asked if it would not be

wiser to give liberal pay and have nurses fully qualified than have half-trained ones for less.

Mrs. Lancaster also disapproved, and thought it better to have no nurse at all than a half-trained one, and hoped it would not be encouraged in Swansea.

Unfortunately, Wales is going strongly for the semi-qualified nurse for the poor.

Sir Marcus Samuel presided at the crowded annual meeting of the Sick Room Helps Society and Nurses' Home, which is supported by the Jewish community, and works amongst the very poor in East London, and which was held at his residence, 3, Hamilton Place, Piccadilly, W., on Thursday in last week.

The staff of this Society consists of six maternity nurses, superintended by Mrs. S. Levy, and three Queen's Nurses for general work, the Nursing Superintendent of this department being Nurse Orthmann. In addition, between 60 and 70 sick room helps are employed. The headquarters are at present at 61, Philpot Street, E., but the staff and work are fast outgrowing the accommodation of the Home, and the prospect of expansion in the near future, owing to a bequest of £5,000 from the Lewis Hill Fund, which will enable the Committee to build a Nurses' Home with a maternity ward attached, is eagerly looked forward to.

In his opening remarks, Sir Marcus Samuel said that, when so many societies were competing, the growth of the Society was quite extraordinary, and was a confirmation of the truth that people love to help those who help themselves. Nearly £1,242 in the provident collection represented subscriptions of 1d. weekly from 4,000 people. Such people deserved the help which more fortunate members of the community could render. The number of nurses in proportion to helps was comparatively few, but the helps rendered a type of assistance in poor homes which was not within the duty or scope of the nurses, and freed them to give their skilled attention where it was really needed.

A very satisfactory report and balance-sheet was presented by Mrs. Model, who said the finances were entirely managed by women. The chief success of the work was due, she believed, to the delicate and strong thread of sympathy which ran through it all. She referred to the paper on "Sick Room Helpers," read at the Jubilee Congress of District Nurses at Liverpool, last year, by Miss Eleanor Rathbone, which described an experiment recently begun in that city. Since then the Sick Room Helps Society, whose work she was then called upon to describe, had received many enquiries

as to its organisation, especially in regard to the thrift branch.

The adoption of the report and balance-sheet was moved by Mrs. Leonard Cohen, and seconded by the Hon. Harry Lawson, M.P. for Stepney, who said the usefulness of the Society was not to be measured except by the social service which it rendered to the community. He remarked also that the mothers in Israel set a fine example to others in the way in which they looked after their children.

Tea and coffee were served at the conclusion of the meeting.

We are glad to hear that the Shoreditch and Bethnal Green District Nursing Association, of which Miss Böge is Superintendent, has cleared £80 by the recent entertainment. The annual meeting was held at St. Matthew's Parish Institute, Bethnal Green, on Tuesday last, the Bishop of Stepney in the chair. The congested district served by the Queen's Nurses attached to this Association is one of the poorest of the poor, where their work is far above rubies.

No wonder School Nurses are becoming indispensable. The Board of Education declares that many class rooms at Tottenham are overcrowded, and exit passages, corridors, and even play-sheds are used for teaching purposes. Classes are herded together side by side, often at ill-constructed desks in grossly overcrowded rooms. The provision of the extra accommodation suggested would entail an expenditure of over £100,000.

The Henrietta House Nursing Home, which is at the corner of Henrietta Street and Welbeck Street, Cavendish Square, W., was opened in June last under the supervision of Dr. A. B. Bradford, who for two years was resident medical officer of the private patients' block at St. Thomas' Hospital, S.E. The Home, which has pleasant and comfortably furnished rooms, can accommodate eighteen patients, and has a permanent staff of twelve nurses, the Matron being Miss Hopkins. About half of the staff are St. Thomas' trained nurses. The Medical Superintendent, the Matron, and the Theatre Sister sleep in the Home, and the nurses in a flat in Welbeck Street near by. The charge is a guinea a day and upwards, and includes all ordinary drugs, dressings, and nursing. There is a well appointed theatre, with anæsthetic room adjoining, and a large stock of instruments is available for the use of the operating surgeons. The Home, which formerly was an hotel, is provided with both a passenger and service lift. The patients' rooms are on three

floors, and the work is so arranged that the two patients, usually allotted to each nurse, are on the same floor, an arrangement which they appear to appreciate.

One of the most charming Nursing Homes in England is that situated at Hindhead, in Surrey, which was designed and built for the purpose for Miss Michael, who has for seven years carried on this most successful private hospital. Now we learn Miss Michael is retiring on her laurels, and that Miss Edla Wortabet will, in future, be Lady Superintendent. In our Supplement will be found an advertisement for three nurses, who must be cultured women, required for the Hindhead Nursing Home, where everything, especially the electrical department, is very up-to-date. Nurses who love beautiful scenery would find themselves in a congenial environment at Hindhead.

Mr. F. C. Wallis, F.R.C.S., surgeon to Charing Cross Hospital, writing in the *British Medical Journal* in defence of the radical operation for hæmorrhoids, refers generously to the part played by nursing in obtaining satisfactory results. He writes:—"However well the operation is conducted, the ultimate result will be made or marred by the nursing. Unless these cases are scrupulously nursed justice will not be done to the operator or to the patient. There is no doubt that bad, indifferent, or insufficient nursing is the main cause of many shortcomings in these cases. I should like to pay a tribute to the nursing at the Grosvenor Hospital for Women and Children, where I have operated on a large number of these cases, and in not one single instance has there ever been any setback of any sort or kind. Good nursing is the keynote of success in all rectal surgery, and this is particularly the case in this operation for hæmorrhoids, which, when properly performed and properly nursed, is not only a radical cure for hæmorrhoids, but an almost equally radical preventive of abscess and fistula."

At the Annual Meeting of the Committee of Management of the South Infirmary, Cork, Sister Albeus Fogarty and her staff received many no doubt well deserved compliments. The Joint Committee expressed their satisfaction, and stated that they had received very gratifying reports of the work done by the nurses sent out by the institution. Sister Albeus had as usual discharged her duties with assiduous care and kindly sympathy, and was ever ready to adopt as far as lay in her power any suggestions for the comfort and welfare of the patients.

## The Hospital World.

### ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.

Within a stone's throw of Charing Cross, and adjoining Charing Cross Hospital, is the Royal Westminster Ophthalmic Hospital, which belongs to the class of special hospitals which fulfil so useful a function in treating a class of diseases which require prompt treatment and great nicety and dexterity in handling. The latter certainly reach perfection in hospitals or wards specially devoted to their care, and eye cases are not suited for admission to general wards. Such hospitals also afford valuable opportunities for post graduate instruction for nurses—knowledge of a special branch of nursing adding greatly to the opportunities of those who take up private work.

The hospital maintains 40 beds; most of the cases admitted being surgical ones, there are wards both for men and women, devoted exclusively to cataract cases. The theatre, with its special appliances, is very interesting, especially the great magnet, with which foreign bodies are extracted from the eye, and which is so powerful that it magnetises instruments within a considerable range, so that scissors and other instruments kept near it act as magnets to needles and other small steel objects.

The small drops bottles also, each of a distinctive colour, by which the drops they contain are easily recognised, are very dainty. The bottles, with their contents, can be easily sterilised. No special eye bandage is used at this hospital, as at the Royal London Ophthalmic, the staff use ordinary roller bandages, which can be accurately adapted to the head of the patient in each case. The adjustment of these bandages requires considerable skill, and affords an opportunity for acquiring dexterity in this art.

A large number of patients attend the outpatient department, and more space would be very welcome. Every bit of ground, however, seems to have been utilised to the fullest extent, and the only method of expansion left seems to be in an upward direction, by adding another story. Then, of course, the question

of the foundations comes in, so that this is a matter for an expert architect; but it is a pity that so useful a work should be restricted for want of space.

Another want is money, which means so much in the efficiency of a hospital. Money means increased usefulness; so it is to be hoped that generous donors will not forget the needs of that sad class of sufferers—those afflicted with diseases of the eye—and in apportioning their gifts will remember the Royal Westminster Ophthalmic Hospital.

The Matron of the hospital is Miss Bertha E. Obee, who was recently elected a member of the Matrons' Council of Great Britain and Ireland. She was trained at the Royal Surrey Hospital, Guildford, and has had experience in the nursing of ophthalmic cases at the Royal London Ophthalmic Hospital, City Road, E.C.

Miss Obee is enthusiastic as to the usefulness of the special branch of nursing work which she has adopted, and believes that it is worthy of the devotion of the highest type of nurse.

There is no Day Sister, with Staff Nurses, and probationers working under her, and at night nurses in training are on duty, unless extra help is needed for special cases, when fully trained nurses are employed. Eye wards at night are usually light, as the patients are seldom bodily ill.

The nurses' quarters are at the top of the hospital where they are made as comfortable as the pressure on the space will permit.

### CLINICAL NOTES ON SOME COMMON AILMENTS.

We have great pleasure in announcing that Dr. Knyvett Gordon, formerly Medical Superintendent of Monsall Fever Hospital, Manchester, whose lectures to nurses are always so much appreciated by our readers, will contribute to the Journal a series of "Clinical Notes on Some Common Ailments," which will commence in our issue of March 12th. There is sure to be a special demand for this issue, so those who desire to secure extra copies of the Journal of that date should place their orders at once with the Manager, *BRITISH JOURNAL OF NURSING*, 11, Adam Street, Strand, W.C.



MISS BERTHA E. OBBE,  
Matron, Royal Westminster Ophthalmic Hospital.



## Reflections.

### FROM A BOARD ROOM MIRROR.

Princess Louise (Duchess of Argyll) has consented to give her patronage to a ball to be held at the Grafton Galleries, on Wednesday, April 27th, in aid of the Army and Navy Male Nurses' Co-operation, the object of which is to find employment for time-expired men of both Services who have obtained a sound training in nursing. The honorary secretary is Miss Ethel McCaul, R.R.C., 47n, Welbeck Street, Cavendish Square, W.

An association has been formed to promote, as far as possible, the concentration of all forms of public assistance under a single authority, and to become a centre for consultation and co-operation among the promoters of Poor Law Reform. Lord George Hamilton has consented to be the President.

Mr. E. W. Morris, Secretary of the London Hospital, has just written a history of the institution, which is to be published by Mr. Arnold. Beginning with a survey of the condition of medicine and surgery in 1741, the date of the foundation of the hospital, the author describes its early days in Goodman's Fields, the move to Whitechapel, and the gradual growth in every department and activity during the last hundred and fifty years.

The treasurer of Guy's Hospital has received a donation of £1,000 from Mr. R. Nivison. The Governors earnestly appeal for further donations and annual subscriptions to provide the large difference between assured income and ordinary expenditure, as well as for £60,000 to provide for capital requirements.

With a view to forming a branch of the British Red Cross Society in the City of London a meeting of ladies and gentlemen was held at the Mansion House last week, under the presidency of the Lady Mayoress. Mr. Frank Hastings, Secretary of the Society, gave interesting details of the work of the organisation, pointing out that one hundred county branches and nearly three hundred sub-branches had been formed since 1905.

At the Annual Meeting of St. Mark's Hospital, City Road, E.C., it was unanimously agreed that the word Cancer should be added to the name of the hospital, which will in future be known as "St. Mark's Hospital for Cancer, Fistula, and other Diseases of the Rectum."

There has long been a most useful British Hospital at Neuilly, Paris, and now the new American Hospital is in working order. The hospital has been started by Americans in Paris to accommodate twenty-five poor compatriots. There are also delightful private wards for paying patients. The nursing staff is highly efficient, and those taking posts are required to stay at least six months. The salary is forty dollars a month.

A fine new hospital is to be built at Melbourne, Victoria, and the plans of the architect have been accepted.

## The After-Care Association.

At the invitation of Sir Douglas Powell, who occupied the chair, the annual meeting of the After-Care Association was held on February 16th in the large library of the Royal College of Physicians, Pall Mall, S.W.

Mr. Roxby, the Secretary, in the course of reading the report, said that during the past year over 500 cases had been helped.

Dr. Savage said that though the usefulness of the Society increased, its recognition by the public was very slow. A Lord Mayor was wanted who would be impressed by the needs of mental cripples. He emphasised the danger that lay in recurrence of insanity, but there was in a large majority of cases no need for the trouble to recur, if they could for a time be shielded from worry. They might be quite well, but still weak, and ought not prematurely to resume their ordinary life.

Sir W. Collins, M.P., said that people in this country were disposed to think that the setting up of institutions was the beginning and end. These poor people could find in this Association the priceless gift of "a heart at leisure from itself to soothe and sympathise."

Dr. Marriott Cooke, Commissioner in Lunacy, announced amidst applause that three honorary Commissioners had signified their wish to become Vice-Presidents and annual subscribers.

Sir Douglas Powell said that insane people were wonderfully sane when their special delusion could be kept in abeyance. After being discharged from asylums, if they were sent too soon into the market place of life, meeting occasions apt to arouse former delusions, these rubbed as it were on the raw, they were apt to relapse. It was necessary to shield the tender spot, so likely to become irritable.

The Bishops of Rochester and Stepney both addressed the meeting, the latter saying that he was glad to accept the invitation to be present at the meeting, that he might bear testimony to the memory of the Founder of the Association, the Rev. Henry Hawkins, and to his extraordinary influence and personal love of the insane. He urged the ladies present, when possible, to give employment as domestic servants to mental convalescents.

### MEDICAL WOMEN AND THE SUFFRAGE.

Dr. Octavia Lewin, 25, Wimpole Street, London, W., has issued invitations to a drawing room meeting on Friday, February 25th, at 3 p.m., to hear addresses on Women's Suffrage from the Hon. Mrs. Haverfield, and Miss Muriel Matters, whose names as speakers should ensure a crowded attendance. Miss Thornett, F.R.C.S., will preside. Dr. Lewin is good enough to say that any trained nurses will be cordially welcome without special cards of invitation, and we hope that those who can will attend the meeting.



## Outside the Gates.]

## WOMEN.



The Canadian Maple Leaf Party held on Wednesday at the Imperial Institute was a very happy idea. The party was organised by Lady Knightley, of Fawsley, President of the British Women's Emigration Society. By arrangement with the Canadian Government, Miss Agnes Deans Cameron gave an account of her 10,000 miles' journey down the Mackenzie River to the Arctic Ocean, illustrated with dissolving views from her own photographs.

The main purpose of the Maple Leaf Party was to enable those who have enjoyed Canadian travel and hospitality to show their gratitude by telling people in England about them.

Lady Strachey has been re-elected Chairman of the Lyceum Club, 128, Piccadilly, W. Mrs. Bedford-Venice Vice-Chair, and Mrs. Philp, Deputy Vice-Chair.

The Militant Suffragists are waiting to know their fate at the hands of the new Government, but if the Premier refuses to give them the vote their demand has been plainly put in the following terms:—"We require that a Government declaration shall be made at once, to the effect that Women's Suffrage legislation shall be undertaken by the Government itself in this opening Session of Parliament. A clear and explicit statement to this effect is necessary."

Mrs. Fawcett is of opinion that some of our eminent pro-consuls who have lived long in the East have got out of touch with Western civilisation, and have become imbued with almost oriental ideas of womanhood.

Signor Gallini has introduced a Bill into the Italian Parliament conferring the municipal franchise and a right to vote for Chambers of Commerce upon women of more than twenty-five years of age and women engaged in business respectively. The Prime Minister, in a very sympathetic speech, stated that the intellectual, social, and economic condition of women had latterly undergone a profound change which had not been followed by a corresponding change in legislation. He was, therefore, willing to consider the proposal. Italian legislators compared the spirit animating their Prime Minister's speech, with that of English Ministers.

Glasgow University has now come into line with Edinburgh by deciding to admit women to its Law degrees, but there can hardly be any great demand for enrolment in the law classes until women are admitted at least to practise as solicitors. The Faculty of Advocates may be expected to hold out even longer.

## Book of the Week.

## AUNT JANE OF KENTUCKY.\*

Lovers of American literature should be fascinated with "Aunt Jane of Kentucky." It is full of charm and tender pathos, but humorous and cheery withal.

Aunt Jane is a delightful old lady, whose shrewd comments on men and things make excellent reading, and she discourses on a variety of subjects, while her busy fingers are engaged on "piecin' quilts" or peeling apples for dumplings; for, as she says, "You see I never was one o' these folks that's born tired. I loved to work. I hear folks prayin' for rest, and wishin' for rest, but, honey, all my prayer was, 'Lord, give me work and strength enough to do it.' And when a person looks at all the things there is to be done in the world, they won't feel like restin' when they ain't tired."

Her theology is open to criticism, but the following extract seems to hit the mark: "It takes all o' Marthy's time to be a Babbist, and all o' Amos' to be a Presbyterian. They ain't got no time to be Christians."

Apparently she is no great admirer of the sterner sex, for she remarks:—

"The Bible says an ass spoke up and reproved a man, and I reckon if an ass can reprove a man so can a woman, and it looks to me like men stand in need of reprov'n' now, as much as they did in Balaam's day"; or, "You see I never was any hand at submittin' myself to my husband, like some women . . . and I can't see but what we got on just as well as we'd 'a done, as if I had 'a submitted myself."

The authoress sketches charmingly the chapter entitled "Aunt Jane's Album," which she herself shall explain to us.

"These quilts is my albums and duries, and when I can't get out to see folks, I jist spread out my quilts, and look at 'em and study over 'em. There ain't nothing like a piece of caliker for bringin' back old times, child. Now, this quilt, honey, I made out o' the pieces of my children's clothes; some of 'ems dead, and some of 'em married and a long way off from me, further off than them that's dead, and I sometimes think, and when . . . I look at this quilt I can see 'em playin', and hear 'em cryin' and laughin' and callin' to me."

But there were no tears in her voice, for Aunt Jane always smiled when she talked of those that were gone: but there is one thing she can't "get over"—"Ain't it strange that a piece o' caliker will outlast you and me?"

In the "Garden of Memory," she has no skill to describe the flower that lingers sweetest there: "It was yeller, but that word yeller don't tell you the colour the rose was."

We take leave of this dear old woman looking "wistfully towards the evening skies, beyond whose stars and clouds we place that other world called

\* Eliza Calvert Hall. (Cassell and Co., London, New York.)

heaven," the only thing she minds leaving in her "garden."

"If I could just have Abram and the children again, and my old home, and my old garden, I'd be willin' to give up the gold streets and the glass sea and pearl gates."

As we lay down this charming volume with a sigh of regret, there formulates somewhere in the back of our mind a hope that when Aunt Jane meets Abram and the children in the old garden we may be there to see.

H. H.

#### VERSE.

I cannot die. For me the year comes on,

Her four sweet ancient pageants pass for me:  
Strange glints and shadows from all ages gone

Wake at my heart, dwell in my memory.

Lake-water whispering through wind-tossed reeds.

Sun-quickened aeres, or a mackerel sky,

Scent of green ashwood burning with the weeds—

O! all things call to me: I cannot die.

From Vanities,

By FRIDA A. WOLFE.

#### COMING EVENTS.

February 25th.—Society for State Registration of Nurses. Meeting Executive Committee, to receive a Report from the Delegates on the Central Committee for State Registration. 431, Oxford Street, London, W. 4 p.m.

February 25th.—Drawing Room Meeting on Women's Suffrage, 25, Wimpole Street, W. Trained Nurses cordially invited. 3 p.m.

March 1st.—Territorial Force Nursing Service, City and County of London. Meeting of the Executive Committee, Mansion House, 3.30 p.m.

March 9th.—Royal Infirmary, Edinburgh. Lecture on "Some Hygienic Considerations in Relation to the Diseases of Women." By Dr. Haig Ferguson. F.R.C.S.E. Extra Mural Theatre. Nurses cordially invited.

March 15th.—Kent County Nursing Association. Annual meeting. Grand Hotel, Charing Cross, London, W.C.

#### WORD FOR THE WEEK.

"We wish to inspire them (the pupils of St. Cyr) with a piety that is simple, solid, cheerful, and free. When a girl will miss vespers to visit a sick person, and when she says: 'It is more pleasing to God that a young mother should attend to her children, or keep her household in order, than to spend the morning in the Oratory' people will respect her. No hair shirt is so valuable an aid to piety as a duty well fulfilled. Refraining from silly or cutting remarks is better than fasting; a medicine given in the dispensary at the hour of duty will do more for the soul than prayers, if the duty has been neglected to pass the time in prayer. The Inner Life (life of the soul) does not consist only in prayer, but rather in fulfilling the duties of our station as a work pleasing to God. We can find God everywhere."

MME. DE MAINTENON.

In short, the watchword of St. Cyr was "Duty."

## Letters to the Editor.



Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

#### THE RESULT OF THE CONFERENCE ON REGISTRATION.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—May I be permitted to offer you my hearty congratulations on the very satisfactory results of the Conference on the State Registration of Trained Nurses?

It must be very gratifying to you, and will repay you, if anything can do so, for the sustained struggle of so many years.

I suppose it is impossible for a mere onlooker to realise what the future status of nurses, now I suppose practically assured, has cost those who have laboured for it so devotedly.

It is incomprehensible that enemies to progress should be found within the camp, and that nurses should be so blind to their own welfare. But there are none so blind as those who refuse to see. While every fair-minded person will admit, there are, as a rule, two sides to every question, it almost seems as if this must be the exception that proves the rule, for as yet I have never heard a single intelligent or logical argument from our opponents. With all good wishes for final triumph.

Believe me, your faithfully,

HENRIETTA HAWKINS.

Friern Barnet Road.

#### TO AN OLD LOVE AND A HAPPY MEMORY.

A CALL TO PAST AND PRESENT.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—Could you give me the hospitality of your columns as the surest means of reaching all past Residents, Matrons, Sisters, and Nurses, who in the past have helped forward the work of this hospital by their loyal and personal service.

As is only too well known, the work here long since outgrew its accommodation, and it has given the Committee years of strenuous effort to raise sufficient funds to justify the erection of a larger building. It is, however, at last everyone's happiness now to watch the new ward block rapidly advancing on the new site just across the road, and the autumn will probably see it in occupation.

But that, alas, still leaves us where we were in accommodation for out-patients and the nursing staff, for the present building is still to house them as heretofore.

It is more than heartaching to feel that daily about two hundred little children in all degrees of pain and suffering have no better accommodation than these waiting rooms which were never de-

signed for such work, being developed out of the playrooms of one-time day nursery.

Still more unsuitable and inadequate is the accommodation for the nursing staff, as those to whom I write will know, while that of the household staff is frankly intolerable.

In view of the great difficulty of raising the funds for the new In-patients' Department, the Committee recognise the impossibility of at present attempting to deal with the out-patients and nurses' quarters. But feeling so sure within myself that all those who have formerly worked here in co-operation with those here to-day would like themselves to raise the funds for the new Nurses' Home and Out-patients' Halls, I have undertaken, with the sanction of the Committee, to endeavour to raise a fund of one million pennies for this purpose through the united efforts of the past and present medical, surgical, and nursing staffs of the hospital.

Erstwhile residents, matrons, sisters, and nurses, will you to-day think very lovingly of the little hospital in which you once laboured, and will you help me in every way you can to raise this sum of One Million Pennies. If you will kindly write to me at your earliest convenience we shall quickly get into touch with each other, and very soon have the gladness of seeing the new building arise whose foundation stone shall bear testimony that it was erected as the love offering of the past and present staffs of the Institution.

I should feel so honoured if all the nurses who have been associated with me during my nursing career would help me as well. If each one would only send a few pennies, how quickly the million would be realised!

Earnestly looking forward to a warm-hearted response, and to a co-operating re-union with many old hospital friends,

Believe me,

Yours very truly,

KATE L. RAY, *Matron*.

St. Mary's Hospital for Women and Children,  
Plaistow, E.

#### NURSING IN INDIA.

To the Editor of the "*British Journal of Nursing*."

DEAR MADAM,—I thank you for the notice of the Nurses' Club, which appeared in the *BRITISH JOURNAL OF NURSING*. I have been a subscriber to your paper for some time, and read with deep interest the accounts of the International Congress of Nurses, held in London in July. I hope at the next Congress we nurses in India will be able to send a representative. I wish you all success in your efforts to raise the standard of education for nurses, and hope that India will also some day—not in the distant future—have the one portal system, and that the hospitals in Calcutta will also be recognised as training schools such as St. George's, in Bombay. I think that nurses who go through their three years in a hospital out here are quite as capable as nurses trained at home; and more so as regards nursing diseases peculiar to the country. The difficulty is to find a better class of women, though there are many within the last few years who are gentlewomen who have

entered the hospitals here; and I hope many more will follow. There is no doubt that to a nurse who loves her profession there is no better training school than the hospitals in Calcutta. I mean those which take in both European and Indian patients, and I daresay many of our fellow workers at home would give much to see the cases we have out here, as we would to see the operations done in the hospitals at home.

I am, dear Madam,

Yours faithfully,

E. B. MOORE,

Hon. Sec. and Treasurer.

Professional Nurses' Club, 12, Kyd Street,  
Calcutta.

[There are so many earnest women devoting themselves to the improvement of nursing in India, and we are glad to know encouraging those belonging to the Empire of India to work for their own country, that great progress in the near future is inevitable. We heartily second the hope that the Trained Nurses' Association will affiliate with the International Council of Nurses and take an active part in the Triennial Congress at Cologne in 1912.—Ed.]

#### THE L.C.C. AND PUBLIC SLAUGHTER-HOUSES To the Editor of the "*British Journal of Nursing*."

MADAM,—In a short time the London County Council Elections will be at hand, and we sincerely hope that humane persons of all parties will then insist that the urgent need for public slaughter-houses shall be forced on the attention of candidates. The record of the out-going Council on this matter is a very bad one; for in spite of the fact that the Public Health Committee, as long ago as 1899, had reported strongly in favour of substituting public abattoirs for private slaughter-houses, the Council has allowed the question to be shelved year after year in deference to the hostility of the butchering trade. We would urge, therefore, that at the coming elections all voters should do their best to exact pledges from the candidates that they will vote for this important measure, and will not permit private interests permanently to thwart the course which the public conscience knows to be the right one.

Yours, etc.,

ERNEST BELL,

Chairman.

Humanitarian League,  
53, Chancery Lane, W.C.

#### Comments and Replies.

E. R., *Brondesbury*.—Miss L. L. Dock, Hon. Secretary, International Council of Nurses, is shortly bringing out a book on venereal diseases. We think it would be very suitable for the purpose you mention.

#### Notices.

##### OUR PUZZLE PRIZE.

Rules for competing for the Pictorial Puzzle Prize will be found on Advertisement page xii.



# The Midwife.

## The 1910 Union of Midwives.

A Drawing Room Meeting in support of "The 1910 Union of Midwives" was held on Saturday last, the 19th inst., at 7, Delamere Terrace, Westbourne Square, W., by the kind permission of Mrs. Macdonald, who hospitably provided tea before the proceedings began.

The chair was taken by Miss Mary Macarthur, Secretary of the Women's Trade Union League, who, in opening the meeting, expressed her pleasure in presiding, as she was interested in every movement which affected the interests of women.

It was sometimes thought that the adoption of trade union principles was all very well in unskilled or semi-skilled trades, but they were beneath the dignity of educated and professional workers. That was the greatest mistake. The medical profession were one of the strongest trade unions, the legal profession and the school teachers had also strong associations. Organisation was a necessity, and women workers were underpaid because they were behind hand in this respect.

Miss Macarthur expressed the hope that the meeting would be productive of great results, and that those who looked back upon it in the future would be glad to think that they were present, and amongst the pioneers of an important movement. "The 1910 Union of Midwives" would be no half-and-half affair, but would be founded on democratic principles, and governed by its own members.

### RESOLUTION I.

The first resolution, moved by Mrs. Maquay, on behalf of the *pro tem.* Committee, seconded by Miss Webb, and slightly amended by Miss M. Breay, was carried in the following form:—

"That this meeting of certified midwives, realising the necessity for the raising of the status of midwives throughout the United Kingdom, and the protection of their professional interests, and their direct representation on their governing body, the Central Midwives' Board, declares that the time has now come for the organisation of midwives on a trades union and national basis."

Mrs. Maquay, in moving the resolution, spoke of the necessity for raising the status of midwives. At present they were barely tolerated, and Sairy Gamp was still a favourite. She emphasised the need for direct representation of midwives on the Central Midwives' Board, and pointed out that the Municipal Corporations the Local Government Board and the British Medical Association were asking for representation on the Board, and why not midwives, who were the people vitally concerned.

As regards inadequate fees, midwives to a great extent had themselves to blame, because they reduced their fees, owing to competition, till there was no living wage for them. Women must learn

loyalty to one another, and there must be no black-legs.

Miss Webb said that midwives were a body of workers who could not be done without. She hoped those present would stick to their principles.

Mrs. Bedford Fenwick remarked that the term nurse had been used by previous speakers as an equivalent for midwife, but midwives were not necessarily nurses, and the terms were not interchangeable. She thought that it was detrimental to midwives not to be known by the title of certified midwife, which they were legally entitled to use, and advised them to insist upon it.

A good deal of trouble arose in country districts because certified midwives were unfairly introduced as nurses instead of as midwives, the reason given often for this practice was that doctors would often object to the introduction of a midwife, who was an independent practitioner, into a district, but welcomed her in the guise of a trained nurse.

In regard to direct representation on their governing body, the demand for one representative was very modest. Midwives ought to have the control of their own educational standards and professional discipline. They could have no personal liberty without it. Direct representation on the Central Midwives' Board was the only firm basis for professional organisation and reform.

Miss Green, Inspector of Midwives for Derbyshire, also supported the election of a direct representative of the midwives on the Central Board.

Mrs. Edith Robinson strongly advocated the election of a midwife on the Central Midwives' Board by popular vote, and the protection of the interests of midwives in order to make it worth their while to practice. At present many midwives were obliged to take up monthly nursing because they could not make a living in the former capacity. The work of midwives was worth an adequate fee. The speaker advocated State aid for midwives in localities where they could not make a living wage.

At present their work was mostly limited to the very poor cases, but she would like to see a better class of women employing midwives.

### RESOLUTION II.

This was moved by Mrs. Robinson, and seconded by Mrs. Rowdie, and was as follows:—

"That this meeting welcomes the formation of the 1910 Union of Midwives, and pledges itself to do all in its power to extend and strengthen the membership, and further the objects of the Union."

### RESOLUTION III.

This resolution, which was moved by Mrs. Hodgkins, was as follows:—

That Mrs. Edith Robinson, Editor of the *Midwives' Record*, act as President *pro tem.*, Miss V. Macdonald act as Secretary *pro tem.*, and Mrs. Carnegie Williams act as Treasurer *pro tem.*

That the following ladies form the Committee:



Miss Alsop, Mrs. Anderson, Mrs. Benjafield, Mrs. Gannev, Mrs. Macdonald, Mrs. Maquay, Mrs. Rowdle, Mrs. Simmons, Miss Webb, Miss Whitmee, Mrs. Williams, and Miss Williams.

#### RESOLUTION IV.

Moved by Mrs. James and seconded by Mrs. Wilcox.

That the *pro tem.* officials and Committee be empowered to draft rules to be submitted to the first general meeting of the Society.

All the resolutions were adopted *nem con.*

In the discussion which followed, Miss Green, Inspector for Derbyshire, asked whether it would be in order for her, as an Inspector, to act as Secretary of a local branch, and the Chairman replied that while she would be eligible for membership if a midwife it would be against trade union principles for an official in authority over midwives to hold office.

Miss Green also said she had brought a message from the Medical Officer for the County of Derbyshire that he was greatly in favour of the establishment of the Union, and would help in any way he could.

Miss Green was empowered to carry a vote of thanks from the meeting to this gentleman.

One midwife said that she thought the County Councils, which gave scholarships to midwives, should take some responsibility as to providing openings subsequently, or the money expended on training was wasted. She had received a scholarship, and passed the C.M.B. examination, but had had a plate on her door for nine months before obtaining cases. As she was able to hold on, she was now doing well, but everyone could not afford to wait.

One of the reasons assigned for the difficulty of obtaining adequate fees was the competition of District Nursing Associations, which were taking up midwifery and charging very low fees.

Miss Green thought there should be a minimum charge, or self-supporting midwives would be crushed out.

The opinion of the meeting was taken as to the subscription desirable for members of the Union, and 6d. a month was suggested as suitable.

The Chairman spoke of the necessity of watching Bills introduced into Parliament affecting midwives or their patients, such as the "Necessitous Mothers' Assistance Bill."

At the conclusion of the meeting, which was animated throughout, a cordial vote of thanks to the chair was carried unanimously.

## The Central Midwives' Board.

### EXAMINATION PAPER.

1. What are the diameters of the normal pelvis? What kinds of conjugate measurement do you know, and how are they measured? What would you think if you could feel the promontory of the sacrum on making a vaginal examination?

2. What disorders in connection with the passage of urine may you meet with in pregnancy, labour,

and the puerperium, and how would you treat them?

3. What do you mean by obstructed labour? How would you recognise it, what may cause it, and how would you deal with such cases?

4. Describe your exact examination of the ischial pad during the puerperium, and the information to be gained from it.

5. Describe the nursing treatment, with exact details, of a premature baby weighing five pounds.

6. Under what conditions is it necessary, according to the Rules of the Central Midwives' Board, for the midwife to communicate with the Local Supervising Authority?

## The Midwives' Act, 1902.

### PAYMENTS TO MEDICAL PRACTITIONERS.

The Local Government Board have sent a circular to Boards of Guardians drawing attention to the report of the Departmental Committee appointed to consider the working of the Midwives' Act, 1902, and more particularly to those recommendations which deal with the payment of fees to medical practitioners summoned by midwives in cases of emergency, and to those relating to the supply and training of midwives so far as the guardians are concerned.

On the subject of payments to medical practitioners it is pointed out that the Committee recommends that the Act should be amended so as to give any medical practitioner summoned by a midwife in cases of emergency "a secure expectation of payment"; and that the Poor-Law authority should be responsible for the fee, when the medical man cannot otherwise obtain payment, and should be empowered, if they think fit, to charge the fee paid as "relief on loan." It is pointed out that full effect could not be given to this recommendation without legislation, but the Board regard it as of immediate importance that medical practitioners should, so far as practicable, feel assured of a reasonable payment for their services in such cases; and they desire to impress upon Boards of Guardians that they should give effect, if they have not already done so, to the suggestion made in the circular letter of July 29th, 1907—that medical men and certified midwives practising in the Poor-Law Union should be informed that, as regards any poor person in whose case the attendance of a registered medical practitioner is required, the Guardians will be prepared to exercise their powers under Section 2 of the Poor-Law Amendment Act, 1848, and to pay a reasonable remuneration to the medical man called in. The Board think that any medical practitioner who makes a claim on the Guardians for a fee in such a case might properly be asked to state definitely that after making reasonable efforts he had failed to secure payment from the person attended.

The Midwives' Act has now been in operation nearly eight years, and during the whole time the question of the payment of medical practitioners when called in by midwives has been a grievance. It is a legitimate one, and we hope will be effectively dealt with by legislation.

# THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED  
**THE NURSING RECORD**  
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XLIV.

## Editorial.

### THE PUBLIC HEALTH.

The growing interest in public health questions is evidenced by the activity of the Public Health Sectional Committee of the National Union of Women Workers, which has, in pursuance of an arrangement made at the last committee, forwarded to its members a collection of interesting literature bearing on public health questions, issued by the Women's National Health Association of Ireland, as well as the first bound volume of *Sláinte*, the organ of that Association, which contains many interesting articles on these questions. The principal subjects on which the Sectional Committee sought for literature were—

(1) The various methods already adopted for the prevention and for the treatment of tuberculosis and for the care and education of phthisical patients.

(2) The method for securing a pure milk supply.

Papers dealing with these subjects, as well as with babies' clubs, the summer campaign against infantile mortality in Dublin, little mothers' classes, the Girls' Guild of Good Health, the Boys' Health Battalion, the disinfection of schools, and the campaign against flies, appear in last year's volume of *Sláinte*, and other interesting papers have appeared this year.

So far, the question of morality has not been dealt with by the Sectional Committee of the N.U.W.W., but it is one which is vital to the health of the nation, and immorality is certainly the underlying cause of many diseases not usually associated with it in the public mind. We hope that before long this question of morality in relation to health, which is essentially one which a national society of women should deal

seriously with, may be considered and reported on by the Sectional Committee on Public Health, and that suitable literature may be issued with its sanction.

It is quite impossible to enumerate all the useful leaflets issued under the authority of Women's National Health Association of Ireland. Those who desire to know more about them should write to the Literature Secretary, Vice-Regal Lodge, Dublin, for the order-sheet of the publications of the Association and make their own selection. Amongst some most useful ones we may mention "Tea: its Use and Abuse," "The Care of the Baby," "Suggestions for the Improvement of Dwellings and their Surroundings," "Air and Health," and "Away with the Flies"—all of which are simply written, conveying important lessons in language easy to be understood by people of ordinary education.

In the campaign for a higher standard of public health, nurses may take an important share, and they should regard it as a privilege and a duty to make use of their opportunities, which are many. It is natural that both in private houses and in the homes of the poor, where, if they are worthy members of their profession, they are regarded as the friends of many of the patients with whom they are intimately brought into contact—questions on matters of public health should be put to them, and information which may bear fruit a hundredfold may be given by them quite simply and naturally in the course of their visits. To equip themselves thoroughly for this work they should make a point of studying literature which will inform them on public health matters, and they will find that to which we have referred above most useful in this connection. The study of conditions in health should precede that of disease.

## Medical Matters.

### THE CONTROL OF SCARLET FEVER.

Dr. F. G. Crookshank, Medical Officer of Health and Superintendent of the Isolation Hospital of the Barnes Urban District Council, in an address recently delivered before the Epidemiological Section of the Royal Society of Medicine, and published in the *Lancet*, expresses his strong conviction in the importance of "bed isolation" in the practical control of scarlet fever. He writes in this connection:—

The question I desire to raise is whether we may not, in small hospitals at any rate, if we get a firm grip of the real principles, safely treat all diseases side by side. I am convinced that we may. If this can be done generally, instead of having to provide for a series of maxima only one maximum needs to be provided for—the greatest total number of cases likely to need treatment at one time. This would mean probably not so often one bed per 1,000 as one bed per 1,500 of the population.

I recognise that the complete trial of the plan I suggest would mean the planning of a new hospital, and I have had, of course, at Mortlake, to make use of pre-existing buildings. But we have done away with separation between diphtheria and scarlet fever nurses, and therefore to that extent no longer separate *wards* or *diseases*. We isolate *patients* without any mechanical apparatus such as glass walls, or barriers, but by ritual observance only. It is not that one regards the transference of prime infections as a light matter; the idea is that it is as grave an affair professionally for a simple case of scarlet fever to acquire a pus infection as for a case of diphtheria to acquire typhoid or scarlet fever. Each patient, therefore, is isolated in his or her *bed* without partition or barrier. This can be done, if proper technique is observed, as easily as it is done in the surgical wards of a general hospital every day. Nurses can then pass from block to block, ward to ward, and bed to bed as simply and harmlessly as does a surgeon from a case of empyema to a laparotomy. They relieve each other as occasion may require, give assistance to each other, and interchange quite freely. The saving in staff expense alone is very considerable, and the general results are perfectly satisfactory.

Before we commenced, in 1907, the system of bed isolation, we had quite as many troubles as others, in spite of the most careful ward separation and staff separation, but we have no apprehensions now. It is true that there are certain prime requisites for this method. One is that the Matron, in the absence of a resident

medical officer, should have the fullest control of her staff and the keenest appreciation of the ideas; and in the appointment of Miss Beltinger I have been fortunate. Another is that never should the bed-space be less than the full minimum standard of the Local Government Board; and I hold that there is no heresy so great as supposing that children require less ward-space than adults; as children they may, but as virus-holders they do not. Again, every detail of the isolation hospital ward should be on a parity with the best surgical wards, and there must be the freest use of the steriliser. The steam disinfecter is one steriliser, the laundry is another, and should be worked to the utmost; but the ward sterilisers are, in small hospitals, not used as they should be.

Every patient should be kept in bed for three weeks, and for the first few days after leaving his bed should recline on a lounge separated by a few feet from others. We give to each one on admission a complete outfit, kept on his locker, of porcelain tray, kidney bowl, spitting mug, receiver, spray or syringe, thermometer in glass vase, feeder, medicine glass, brush and comb, and other articles. These are all kept during the whole illness for the patient's exclusive use, and are frequently sterilised by appropriate methods, being, of course, again sterilised or, if necessary, destroyed at the end of the illness. No nurse passes from one prime infection to another without first disinfecting her hands and donning a special ward overall kept for the purpose, and, of course, disinfecting her hands afterwards. Certain cases of doubtful nature, and special or mixed cases, are marked by a warning tab affixed to the bed card, and for each of these cases a special overall is used. In addition to the washing of the hands required from everyone on leaving a ward, disinfection for each case is required and made easy by the placing of a stand with solution, towel, etc., at the foot of each "special" bed, or between the beds of each two or three simple cases, while rubber gloves are used in dressing wounds or attending to puerperal cases. All this means little trouble really, and is amply repaid by the knowledge that security is obtained thereby. The system can be further elaborated, but of course in a small place one has to go slowly and acquire material by degrees. No doubt those who believe in inunction and swabbing with oils will say that much of this is unnecessary. No doubt it is, for recessive cases, so far as the obvious propagation of the disease is concerned; but it is the virus from the intensive cases we want particularly to destroy, and the ritual must therefore be unhesitatingly employed.

## Notes on Ophthalmic Nursing.\*

By GEORGE MACKAY, M.D., F.R.C.S.E.,  
Senior Ophthalmic Surgeon to the Royal Infirmary, Edinburgh.

Anyone who wishes to undertake the skilful and intelligent nursing of ophthalmic cases should seek to acquire the following qualifications:—

1. A general acquaintance with the anatomy and physiology of the orbit, its contents, and the neighbouring parts.

2. A sound training in the general management of medical and surgical patients.

3. A firm faith in, and practical devotion to, aseptic methods.

4. A familiarity with the special apparatus, dressings, instruments, and technique employed by the surgeon to whose clinique or practice they are attached.

5. A gentle hand, good vision, an observant mind, and perhaps, in especial degree, sympathy and patience with sufferers deprived less or more of the use of their eyes, and partly or wholly dependent on sighted companionship to guide their movements, soothe their pain, allay their fears, or divert their attention from unwholesome introspection.

### ANATOMY AND PHYSIOLOGY.

If one makes a vertical section through the orbit from before backwards, one notes first how the eyelids are merely special folds of the skin adapted for the purpose of covering and protecting the sensitive globe or eyeball upon which the sense of sight mainly, though not wholly, depends.

The hairs of the eyebrows and of the eyelids are specially developed to aid in preventing sweat and dust from coming in contact with the eye. The mucous membrane—the conjunctiva—which lines the posterior surface of each lid, is a continuation from the skin surface, and being reflected from the eyelids to the surface of the eyeball, gives a smooth lining to the pouch—the conjunctival sac—in which the globe turns easily, but at the same time is fettered and restrained in its range of movement behind the lid aperture. Little glands, secreting fatty material, lubricate the lashes and lid margins in health (a common sty is due to inflammation in one of these). Other glands, secreting mucus, are scattered over the conjunctival surface. Tucked beneath the upper border of the bony arch of each orbital cavity is the almond-shaped lachrymal gland, which secretes the tears to cleanse and moisten and give lustre to the eyeball, express grief, or melt

the stony-hearted! In ordinary circumstances the tears make their escape mainly by evaporation, but a further outlet is provided by a pinpoint aperture near the inner end of each lid, which leads into a little canal passing beneath the skin to a small bag—the tear sac—from which a duct—the nasal duct—descends into the cavity of the nose, whence the tears are evaporated or swallowed, or consigned to a handkerchief.

The membrane which lines the nose lines the tear duct also, and nasal disorder—*e.g.*, a catarrh in the nose—a common cold in the head—often leads to obstruction of the tear duct, with consequent watering of the eye, and, what is more serious, septic organisms from the air passages can readily make their way up to the tear sac and on to the eye itself or *vice versa*. This is a point of the highest importance in connection with wounds and operations on the eyeball.

The eye itself is a globe about one inch in diameter, composed of a dense white opaque fibrous tissue (the sclerotic), except over the front part, where an area about the size of a threepenny piece, the cornea, is marvellously clarified to provide the combination of a bow-window and a lens, permitting the entrance of light and assisting in its being focussed within the eye. Just behind the cornea is a little space—the anterior chamber—filled with pellucid fluid, the aqueous humour, which warms and supports the back of the cornea and separates it from the circular curtain, the iris, whose variegated surface gives the colour to the eye by which we ordinarily describe the eyes of our friends. This curtain has a central aperture—the pupil—which helps to concentrate the light which is entering the eye, and reflexly regulates its amount by contracting when the light is bright and expanding when it is feeble. The pupil contracts also when a near object is looked at, and so intimate is the association of the two eyes through the nerves and brain connections that the admission of light to one eye, or the employment of one eye in near work—*e.g.*, reading or sewing—affects the pupil of the other eye, even though it be covered. Some drugs dilate the pupil—*e.g.*, cocaine and atropin; some contract it—*e.g.*, pilocarpin and eserine.

The coloured iris is the middle part of the middle coat—choroid—of the eye, and as we trace the one back to the other we pass through a very complex zone—the ciliary region—from whose surface the aqueous fluid is secreted, and in whose substance is lodged the tiny muscle—the ciliary muscle—by means of which we are able to alter the focus of each eye according as we wish to get an image of a distant or a nearer

\* A lecture delivered to nurses at the Royal Infirmary, Edinburgh, February 23rd, 1910.



object. From the ciliary surface also proceed numerous slender threads, which suspend and support behind the pupil and iris the beautiful crystalline lens upon which the ciliary muscle acts. Loss of transparency in this lens constitutes what is called cataract. The remainder of the cavity of the eye is filled by a transparent jelly-like substance, the vitreous.

The cornea, the aqueous, and crystalline lens, and the vitreous, constitute the refractive media of the eye. Anything which obscures their transparency—*e.g.*, an escape of blood or exudations into the eye—prevents the light from an object looked at from arriving at the back of the eye with sufficient clearness to give a well-defined stimulus to the nerve of sight. The optic nerve, entering the back of the orbit from the brain, pierces the outer fibrous (sclerotic) and the middle vascular (choroid) coat of the eye, and expands to form the retina or sensitive light-perceiving membrane, which lines the greater part of the interior of the eye as a wallpaper lines a room.

#### THE REFRACTION OF THE EYE.

It is the duty of the cornea, aqueous, lens, and vitreous to focus the incoming lights into a well-defined picture or photograph on the sensory surface of the retina, whence an impression is conducted by the optic nerve to the hinder part of the brain, where we interpret what we see. (This part of the brain is really the real eye, for without it we can realise no visual picture.)

Eyes are not all of the same shape and moulding. Some, like Kodak cameras, focus distant objects without any effort or change of focus—*eumetropia*. Some are under the standard pattern, and have to make an effort to focus anything, whether far or near, or use convex spectacles—*hypermetropia*. Others exceed the standard pattern for distance, define distant objects badly unless they employ concave spectacles, but see nearer objects more readily—*myopia*.

Again, the front of a well-formed eye should be like the surface of a well-made marble, spherical in outline, but not infrequently the surface is unequally curved, so as to be more like the back of the bowl of a spoon—*astigmatism*.

The measurement and correction of these errors of refraction by special glasses occupies a large part of the time of every ophthalmic surgeon, and I know some busy hospitals where nurses are called upon to assist in this work, but I cannot pursue the subject in any detail here.

In addition to the protective covering afforded by the soft eyelids in front, each eyeball and optic nerve is further screened from pressure

and injury by being set in a rudely conical cavity of the skull, with bony walls—the orbit. This opens widely forwards, but narrows backwards, so as only to leave room for the passage of the optic nerve into the cranial cavity, and the transmission of some other smaller nerves, blood, and lymph vessels. There is an intimate connection between the blood supply of the eyeball, the orbit, and the surrounding parts. Five little ribbon-like muscles take their origin from the apex of each orbit and pass forward to be inserted one into the upper lid and one into each aspect of the eyeball, above, below, and on either side. These straight-going muscles—the recti—aided by two others, whose path and insertion is more oblique, impart turning movements to the eyes, and enable us to look in different directions at fixed objects or follow them if moving in space.

A well-made, well-set, and well-controlled pair of eyes should be directed to the same point in space, whether covered or uncovered, and the image obtained on the one should give so similar and symmetrical an impression on the other that the two sensations are fused into a common picture in the brain. A faulty configuration of the orbit, an inequality in the shape or focus of the eyes, over-action, paralysis, or contraction of an ocular muscle, or the displacement of the eye by a tumour, etc., in the orbit, may lead to an appearance of squinting, or an annoying sense of seeing things doubled.

Without going into too much detail, between the orbits, the sphenoidal sinus below chiefly composed of fat, fills up the remaining space between the eyeball and the bony walls of the orbit. Immediately surrounding the orbit we have several air spaces connected with the nose, the frontal sinus in the brow above, the antrum in the cheek-bone below, the upper part of the nasal cavity, and the ethmoidal cells between the orbits, the sphenoidal sinus below and behind, and the brain above and behind.

Now let us consider some of the duties which might fall to an ophthalmic nurse. I need scarcely say that their extent and responsibility must largely be governed by the amount of special training and experience she has had. One demands little but commonsense from a probationer, but a staff nurse is naturally a more efficient assistant in many ways than a fresh-fledged house surgeon. Still, there are some things which every nurse ought to learn in order to know how to render first aid, or carry out instructions intelligently. First, how to place a patient for examination. Speaking generally, it is important that they should be placed so that a good light falls upon the eye which is to be examined, and that the head

should be well supported in a convenient position. For a preliminary examination, the patient may be seated in a chair facing a well-lighted window, and by preference the back of the chair should be sufficiently high to afford a rest for the head, so that it cannot be withdrawn. To secure this, it is sometimes desirable to place the patient sitting or standing with his back close against a wall; but where any more elaborate operation is required, it is better to ask the patient to lie down on a couch or firm table, which should be placed at right angles to the incoming light, and with the affected eye on the same side as the light is coming from. A firm table, with a pillow, is preferable to a soft couch, and for precise operations the height of the table should be such as to enable the operation to be conducted without the necessity of stooping much over the patient, which wearies and unsteadies the operator.

A simple and convenient method for the examination of an infant or a struggling child is to place it on the lap of someone seated on a chair facing a window. The examiner occupies a second chair at right angles to the first, and placed as may be most convenient to the right hand or to the left, and, spreading a towel across his or her knees, lowers the child's head backwards until it is firmly held between the knees and supported on the towel. Both hands are left free for whatever further manipulations may be required in the examination or treatment. If the lids are moist and slippery, it is often well to cover one finger of each hand with a linen cloth, so as to increase one's hold upon the skin surface. When the lids are much swollen, or, on account of extreme sensitiveness to light, there is spasmodic contraction of the eyelids, it is often difficult to get the lids properly separated by drawing them apart with the fingers alone. In such a case the nurse ought to have at hand, for the surgeon's use, some artificial retractors, such as Desmarre's or McGillivray's. In the separation of the lids, however, the utmost care must always be taken to avoid scratching or abrading the cornea or exerting firm pressure upon the eyeball. In the former case a slight abrasion may, by septic infection, become a serious ulcer, and when one is examining an eye for the first time which has been exposed to injury, or which may be deeply ulcerated, or has recently been opened into by operation, any undue pressure upon the eyeball may lead to expulsion of some of the contents of the eye with disastrous results: for instance, escape of the aqueous, prolapse of the iris, and, in larger wounds, loss of the lens or vitreous.

(To be concluded.)

## The School of Massage, at the London Homœopathic Hospital.

A very interesting and useful department at the London Homœopathic Hospital, Great Ormond Street, W.C., is the School of Massage and Physical Gymnastics, in charge—under Dr. Deane, a member of the medical staff—of Miss Margaret Manning, the Instructress in Massage, who not only holds the certificate of the Incorporated Society of Trained Masseuses, but has also studied for two years in Stockholm.

I learnt from the Matron, Miss Clara Houldley, that the ordinary term of training is for six months. Trained nurses pay a fee of £5 5s. and other pupils £10 10s. for the course. The probationers in the hospital go down to the massage department for three months, and thus get a useful insight into medical rubbing, though not the thorough training which will enable them to take a certificate.

We found Miss Manning in a women's ward, in a workmanlike overall, which her pupils also wear, giving massage to a patient. Later I accompanied her to the gymnasium, and there saw something of her methods.

On an average about 25 cases come to the hospital daily for the special treatment given in the physical department, cases of spinal curvature, which benefit much from physical gymnastics, neuritis, paralysis, and many others, and last, but not least, many cases of fracture. Miss Manning says that at first she was afraid for the fracture cases which were put into no splints, and had massage from the first, but now she is quite happy about them, at least with patients who will exercise a reasonable amount of care. The little urethras of the neighbourhood are quite oblivious to the need for any special care—of a Colles' fracture, for instance, and will readily take part in a street fight with the injured member, and make such use of it as they can quite casually.

Amongst the patients are some whom one would not expect to find suffering from neuritis; for instance, a blacksmith, whose sturdy right arm is being treated, and a butcher, who has injured his arm in lifting a heavy carcass. There are many children amongst the patients, and one little boy was exercising, and apparently enjoying the process, on a bar fixed across the room.

If there are any specially interesting cases in the wards, Miss Manning gives a demonstration to the pupils, if the case is a suitable one. They also have lectures from the visiting physician.

It is interesting to learn that some of the keenest and best pupils are the army instructors, who come up from Aldershot to take

the course. All the men have to learn gymnastics, and the instructors are picked men who have shown special aptitude, and are so placed in positions of authority and importance. When they first come up it seems as if their hands, which go to work with so much energy, were not suited for the delicate manipulations they have to perform, but when the men understand that they must assume the limb they are practising upon is dislocated or fractured, they learn to handle it with a gentleness and skill not to be exceeded, and not always equalled, by any woman.

Talking of hands, other masseuses have told me, and Miss Manning endorses it, that a thin or bony hand which is used much for massage develops with the exercise and becomes plump and cushiony; therefore, no one who thinks her hand unsuitable need despair. The main thing is, so Miss Manning holds, that the hand should be an intelligent one. Some hands are, she says, so stupid, and we all know that there are many hands, perhaps the majority, if we are sensitive to impressions, that we prefer not to touch us—so many things are conveyed to us by touch, and so it is easy to understand that a hand used in massage should be not only intelligent, but sensitive and sympathetic, otherwise it may only irritate when its province is to heal.

One thing Miss Manning is very much alive to, and that is the necessity for thoroughness in training. She would like to see the course extended beyond six months. It is possible that before long a school may be opened in London, by a Swedish professor, with Swedish masseuses working under him, in which the teaching will be organised on the lines adopted with so much success in Sweden.

A point worth noting is that, though massage to be of much value must be taught and learnt scientifically, yet skill in manipulation often seems to be a hereditary gift. Thus in India and Africa it is often highly developed in some of the native races.

Before leaving the hospital I learnt something from the hard-working and genial Secretary, Mr. E. A. Attwood, of the developments which are taking place. A new wing, to contain 70 beds, is rapidly rising, with a frontage and the main entrance in Queen Square, Bloomsbury, already noted for its numerous hospitals; and on the other side of Great Ormond Street is the site for the new Nurses' Home. "Of course, it all means money," says Mr. Attwood, "but it comes." So it does, when capable hands hold the reins in the secretarial office, but it represents much hard work.

## The Society for the State Registration of Trained Nurses.

A meeting of the Executive Committee was held at 431, Oxford Street, London, W., on Friday, February 25th, Miss Isla Stewart, President, in the chair.

After the minutes had been confirmed, the following Report was received from the Hon. Secretary:—

### THE HON. SECRETARY'S REPORT.

#### *A Central Registration Committee.*

I beg to report that the proposal to secure for one Bill for the Registration of Nurses, the support of the various Medical and Nursing Societies which have been promoting legislation has been successful.

At your meeting on October 8th, 1909, your Hon. Secretary proposed, and it was agreed:—"That the principle of forming a Standing Central Committee for the State Registration of Trained Nurses be accepted, the Committee to be formed of delegates of societies supporting the movement." It was further agreed that "the Hon. Secretary be empowered to carry out a line of preliminary organisation and report to the Committee."

This I have great pleasure in doing.

At your meeting on November 26th, 1909, I reported that I had consulted our Parliamentary advisers—Lord Amphil and Mr. Munro-Ferguson—and that they approved the suggestion that such a Central Committee on Registration should be formed. Negotiations with various societies resulted in eight out of the nine approached appointing five delegates each to attend a Conference on the question convened by Lord Amphil, and the following representatives were nominated:—

*The British Medical Association.*—Sir Victor Horsley, F.R.S., F.R.C.S., Dr. J. A. Macdonald, T. Jenner Verrall, Esq., M.R.C.S., Dr. R. C. Buist, J. Smith Whitaker, Esq., M.R.C.S.

*The Matrons' Council of Great Britain and Ireland.*—Miss Isla Stewart, Miss Heather-Bigg, Miss G. A. Rogers, Miss M. Mollett, Miss H. Todd (retired), and Miss Musson.

*The Society for the State Registration of Trained Nurses.*—Dr. Bedford Fenwick, Miss Sidney Browne, R.R.C., Miss H. L. Pearce, Miss M. Brey, and Mrs. Bedford Fenwick.

*The Royal British Nurses' Association.*—Dr. Bezly Thorne, John Langton, Esq., F.R.C.S., Dr. Clement Godson, Miss Grace Gordon, Miss Tawney.

*The Fever Nurses' Association.*—Dr. E. W. Goodall, Dr. F. Foord Caiger, Dr. Biernacki, Miss E. M. Bann, Miss L. A. Morgan.

*The Irish Nurses' Association.*—Miss L. V. Haughton, Miss Kelly, Miss Huxley, Miss Keogh, and Mrs. Kildare Treacy.

*The Scottish Nurses' Association.*—Sir William Macewen, F.R.S., F.R.C.S., Dr. McGregor Robertson, Miss Wright, Miss Tisdall, and Miss K. Burleigh.

*The Association for the Promotion of the Registration of Nurses in Scotland.*—The Lord Inver-



clyde, Dr. Mackintosh, M.V.O., Dr. Ker, Miss Gill, R.R.C., and Miss Cowper.

The Conference was held, by the kind permission of the British Medical Association, in the Council Room, 429, Strand, London, on January 25th, when the Central Registration Committee was formally constituted. Lord Amphil was elected Chairman, Dr. Goodall and Mrs. Bedford Fenwick, Hon. Secretaries; and Mr. John Langton, Hon. Treasurer.

The Bill which had passed the House of Lords was taken as a basis of discussion, and was considered clause by clause, amended, and several new clauses adopted. No. 4, which constitutes the General Council of Registration, being referred to a sub-committee of eight to consider and report. This sub-committee met at 431, Oxford Street, London, W., on February 3rd, and agreed on a Draft Constitution, which was presented to a second meeting of the Central Committee on February 12th. It was somewhat amended and adopted.

The result of the Conference was eminently satisfactory, thanks to the earnest desire of all delegates present, to arrive at a conclusion, which would satisfy and benefit the nursing profession and the public, and also to the incomparable conduct of business by the Chairman, Lord Amphil.

I am gratified to report that all the amendments made to the Bill proposed by your delegates were adopted:—

1. The appointment of Divisional Committees for England, Scotland, and Ireland, to act in an executive capacity.

2. The formation of a Supplementary Register of Male Nurses, to be represented on the General Council by a direct representative.

3. Special provision for five past or present Matrons on the first Council—two for England (one for general hospitals and one for Poor Law infirmaries), one for Scotland, one for Ireland, and one for Naval and Military hospitals.

4. Special provision for three matrons on the General Council—one for England, one for Scotland, and one for Ireland.

5. Representation of the Scottish Nurses' Association, the Association for the Promotion of Registration of Nurses in Scotland, and the Fever Nurses' Association on the first Council, and increased representation for Scotland and Ireland on both the first and the General Council.

#### *Fever Nursing.*

Your delegates voted for all the amendments included in the Bill, the most important of which were:—

1. The recognition of Fever Nursing as follows, proposed by the Fever Nurses' Association:—"Provided that any nurse whose name is placed on the General Register, and who holds a certificate of the Fever Nurses' Association, or its equivalent, granted under conditions approved by the Council, shall be entitled, on payment of a single registration fee of two shillings and sixpence, to have the words, 'also trained in fever nursing,' added to her record in the Register."

2. That one of the four direct representatives of the registered nurses on the General Council of the

registered nurses in England and Wales must be "also trained in fever nursing."

3. That "One registered medical practitioner to be appointed by the Medical Superintendents of the Fever Hospitals, which may be recognised as training schools for nurses in fever nursing under this Act," be elected on to the General Council.

#### *Mental Nursing.*

4. "That a nurse whose name is entered on the Mental Nurses' Register may be also entered on the General Register of Women Nurses, or on the Male Nurses' Register—if she or he fulfils the necessary conditions—provided that at the time of registration every such nurse shall declare under which qualification it is desired to exercise any right to vote for the election of a direct representative."

#### *No Authority to Practice Medicine.*

5. The re-insertion in the Bill of the following clause, proposed by the British Medical Association:—"Nothing contained in this Act shall be considered as conferring any authority to practice medicine, or to undertake the treatment or cure of disease."

The Bill, as amended, is before the Committee.

#### *The General Election.*

Immediately before the General Election upwards of 1,300 candidates were addressed by letter, petitioning for consideration for, and support of, the Nurses' Registration Bill if elected members of the House of Commons. A very large number of letters from men of all Parties were received in reply, expressing interest in the question, and promising support. A Congratulation Card was also sent to all old and new friends when elected.

The thanks of the Society are due to Miss Brey, Miss Cartwright, and Miss Hawkins in this connection, who voluntarily carried through the work.

#### *The Correspondence with Lord Inverclyde.*

The correspondence with Lord Inverclyde, President of the Association for the Promotion of the Registration of Nurses in Scotland in reference to the resolution passed at a recent meeting of this Society, is before the meeting. By request of Lord Inverclyde and permission of our President it has been printed in the *BRITISH JOURNAL OF NURSING*.

#### *Finance.*

As it was agreed that the constituent societies on the Central Registration Committee should subscribe towards expenses, I have forwarded £5 to the Hon. Treasurer, and promised another £5 if required.

#### *The £100 Registration Fund.*

I have received £41 2s. towards the £100 Special Registration Fund. The names of subscribers and amounts given have appeared in our official organ.

The report was adopted with expressions of lively satisfaction.

#### *VOTES OF THANKS.*

Hearty votes of thanks were accorded to Lord Amphil for his kindness in convening the Conference, and bringing it to such a happy conclusion.

To Mr. Munro Ferguson, M.P., for his continued interest in and support of the question



t Nurses' Registration in the House of Commons.

To Mrs. Bedford Fenwick for the part she had taken in initiating the movement towards coalition amongst registrationists.

#### LETTERS.

A letter was read from Mrs. Kildare Treacy, Hon. Secretary of the Irish Nurses' Association, congratulating all concerned upon the result of the Conference, and from Mrs. Etha Butcher Klosz, R.N., the editor of *The Nursing Journal of India*, applying for membership in which she wrote: "I do not know whether or not nurses outside the United Kingdom are permitted to join. I am already a registered nurse in the State of Maryland in America, but I want to identify myself with everything that makes for progress in the nursing profession, and shall be glad to have my shilling go to the Society even if denied membership."

Mrs. Klosz was unanimously elected.

#### NEW MEMBERS.

The following new members were elected:

- 2773 Miss B. M. Stainer, cert., Royal South Hants and Southampton Hosp.
- 2774 Miss A. Daubeney, cert., Royal Hosp., Sheffield.
- 2775 Miss G. Hughes, cert., David Lewis Northern Hosp., Liverpool.
- 2776 Miss E. A. Hayes, cert., Kidderminster Inf.
- 2777 Miss K. M. Latham, cert., St. Bart.'s Hosp.
- 2778 Miss G. Hopper, R.N., cert., St. Mary's Hosp., Paddington; *Matron*, District Hosp., Dannevirke, N.Z.
- 2779 Miss I. G. Kissack, cert., Norfolk and Norwich Hosp.
- 2780 Miss V. A. Heward, cert., Royal Inf., Bradford.
- 2781 Miss M. Jamieson, cert., Royal Inf., Sheffield.
- 2782 Miss A. G. Kershaw, cert., Royal Inf., Bristol.
- 2783 Miss F. E. T. Salter, cert., Royal Devon and Exeter Hosp.
- 2784 Miss L. A. Dixon, cert., St. Mary's Hosp., Paddington.
- 2785 Mrs. J. Endall, cert., King's College Hosp.
- 2786 Miss E. Wright, cert., General Hosp., Nottingham.
- 2787 Miss E. Irving, cert., Great Northern Central Hosp.
- 2788 Miss E. Morton, cert., Royal Inf., Edinburgh.
- 2789 Miss M. C. Johnston, cert., Royal Hosp., Portsmouth.
- 2790 Miss S. J. Gibbins, *Matron*, Bannockburn Hosp., N.B.
- 2791 Miss W. Wratten, cert., Kingston Inf.
- 2792 Miss B. Gallacher, cert., Royal Inf., Glasgow.
- 2793 Mrs. E. B. Klosz, R.N., cert., Johns Hopkins Hosp., Baltimore, U.S.A.
- 2794 Miss T. Harris, cert., St. Bartholomew's Hosp., E.C.
- 2795 Miss E. Bryan " " "

- 2796 Miss D. J. Fisher, cert., St. Bartholomew's Hosp., E.C.
- 2797 Miss A. Bannister " " "
- 2798 Miss M. A. Payne " " "
- 2799 Miss J. J. Comyns-Berkeley " " "
- 2800 Miss M. Vincent " " "
- 2801 Miss E. M. Hansard " " "
- 2802 Miss F. Mann " " "
- 2803 Miss C. M. Tunbridge " " "
- 2804 Miss G. I. Lardner " " "
- 2805 Miss F. R. Holmes " " "
- 2806 Miss A. Bryant " " "
- 2807 Miss F. R. Kilner " " "
- 2808 Miss L. Hill " " "
- 2809 Miss L. C. M. Cole " " "
- 2810 Miss A. M. Davis " " "
- 2811 Miss H. G. Liell " " "
- 2812 Miss M. G. Pemberton " " "
- 2813 Miss E. M. Banner, cert., Royal Inf., Hull.

The meeting then terminated.

ETHEL G. FENWICK,  
Hon. Sec.

## The Nurses' Registration Bill.

### AGAIN INTRODUCED INTO THE HOUSE OF COMMONS.

On Tuesday last, Mr. R. C. Munro Ferguson introduced the Nurses' Registration Bill, drafted by the Central Registration Committee, into the House of Commons. In the present unhappy state of affairs in Parliament, where useful social legislation appears at a standstill, the introduction of the Bill is devised to give it publicity, and to be a definite declaration of the policy of the promoters to press strenuously forward this important question of national health, the protection of defenceless sick persons from unskilled nursing, by the definition of a useful practical and theoretical standard of nursing efficiency.

The Bill has received the support of Members of all parties and nationalities in the House, and is backed by Sir Luke White, Dr. Addison, Mr. Rainy, and Mr. Annan Bryce (Liberals); Viscount Morpeth, Mr. Remnant, and Mr. Fell (Unionists); Mr. Jowett and Mr. J. Ramsay Macdonald (Labour); Mr. Field (Nationalist), and Mr. Kerr-Smiley (Irish Unionist).

## The Status of the Fever Nurse.

The Matrons of the large Fever Hospitals under the authority of the Metropolitan Asylums Board have, with very few exceptions, been convinced registrationists for many years, and as such have invariably given their united support to all movements for the improvement of nursing and the status of nurses. Everyone

will rejoice, therefore, to find their courage and professional loyalty rewarded.

Through the action of the Fever Nurses' Association, a very practical and growing power in the evolution of nursing education, the interests of the Training Schools in Fever Nursing are to be well represented on the Governing Body for the nursing profession, as suggested in the Nurses' Registration Bill, promoted by the Central Registration Committee, and their special training is to receive recognition in the Register. This proves how beneficial is co-operation, as without the expert advice of the delegates of the Fever Nurses' Association at the recent Conference, with the best intentions in the world, the special needs of fever hospitals and their staffs might not have received just the recognition best suited to their work. No doubt when the Registration Act is in force fever nursing will be included as part of the training of the most highly efficient nurses qualified under its authority.

### Special Registration Fund.

	£	s.	d.
Brought forward	41	2	0
"Amicus"	1	0	0
Mrs. Shuter	10	0	
Miss L. Taylor	5	0	
Miss J. Wade	4	0	
Miss Sandford	4	0	
	£43	5	0

#### COLLECTING CARD.

Name of Collector: Miss Isla Stewart.

	£	s.	d.
The Sisters of St. Bartholomew's Hospital	8	4	0
The Nurses of St. Bartholomew's Hospital	2	1	8
A Friend	2	2	0
Mrs. King Roberts	1	1	0
Mr. Watkins	10	6	
Miss J. Clay	2	6	
	14	1	8
Total	£57	6	8

The Hon. Secretary desires to express her most cordial thanks to the Sisters and Nurses of St. Bartholomew's Hospital for their most generous support, as well as to the other kind friends who have contributed so liberally to the special registration fund.

### The Nurses' Co-operation.

#### THE ANNUAL REPORT, 1909.

The Nineteenth Annual Report of the Committee of Management to the Members of the Co-operation, and to the Nurses on the Staff, is a record of a very successful year's work. The total number of cases nursed during the year was 6,166, the staff consisting of about 500. The fees received by the Nurses have exceeded those earned by them in any year since the Co-operation was founded in 1891, amounting to the splendid sum of £44,410 0s. 8d. for nursing, and £707 12s. 11d. for massage. The commission, £2,738 12s. 7d., leaves excess of income over expenditure £292 9s. 5d., a very satisfactory result. The whole business, including the Howard de Walden Home, means a cash turnover of £50,300 17s. 10d., which proves the value of women's skilled work. Under a policy by which all the nurses are insured against accident, compensation has been paid to nurses who have met with accidents of various kinds in the course of the year. A further policy of assurance against sickness, and disease which has been arranged, has been found of great benefit to the nursing staff. By a small annual contribution supplemented from the funds of the Co-operation, all nurses become entitled to a weekly allowance whilst they are temporarily incapacitated for work. This scheme has been warmly supported by the nurses.

Mrs. Lucas, the Lady Superintendent, and Miss Laura Baker, the Home Sister, are to be congratulated upon the success of the Head Office and Home under their supervision, which the Committee warmly commend, laying special stress on the pleasant and harmonious spirit which prevails between them and the nursing staff.

So far, very good. But how is it that this great women's co-operation lacks professional *esprit de corps* in its widest sense? We see no evidence in the Report of encouragement by the Committee of any personal responsibility upon the part of the Nursing Staff in relation to their profession as a whole. We congratulate the Nurses' Co-operation on its success as a business, but we want to add congratulations on its sense of corporate professional unity. As it is commercially rich, so also should it be a powerful influence for all the higher ideals, without which even nursing becomes a somewhat sordid occupation. When shall we see the Nurses' Co-operation League associated with others for the well-being and solidarity of the profession of nursing? Some day we hope — though the time is *now*.

## Our Guinea Prize.

We have pleasure in announcing that Miss Maud Crichton, Matron, The Hospital, Louth, Lincolnshire, has won the Guinea Prize for February.

### KEY TO PUZZLES.

No. 1.—Southall's Accouchement Sets.

S(outh)—awls a—couch—men—T (tea)  
set S.

No. 2.—Wells Nurses Bonnets.

Wells, nurses, bone—nets.

No. 3.—Bailey's Dressings.

B—ale—eyes dress—iun—GS.

No. 4.—Plasmon and Phosphorus.

P—lass—M on N & F—horse—4 u's.

The following competitors have also solved the puzzles correctly:

M. Beardsley, London; N. Wyles, Hampstead; E. Dinnie, Harrow; E. Macfarlane, London; K. Mackay, Edinburgh; E. Stone, Earsfield; H. R. Flint, Birmingham; C. Foster, Penrith; F. Dowd, Clonskeagh; H. E. Smith, Warrington; A. M. Shoesmith, Durham; C. Maples, Kettering; L. Ryding, Belfast; B. S. Sheard, Chislehurst; K. Ward, Brighton; F. Williams, Rawtenstall; A. Derry, Dublin; E. Luff, London; M. Cooke, East Malling; K. H. Sutfield-Jones, Southend; F. M. Wrigley, London; M. Modlin, London; C. Peters, Hertford; T. Valentine, Carstairs; N. Smith, Dublin; A. Pettit, London; R. M. Hall, London; C. Payne, Dundee; E. S. Sils, Oakham; K. Soutar, London; M. Lancaster, Southampton; A. Jary, Fakenham; F. Sheppard, Tunbridge Wells; J. Wade, Walmer; V. Fuller, Chislehurst; S. S. Sherring, Liverpool; C. M. Londoun, Edinburgh; P. Long, London; E. Atherley, Manchester; T. Macdougall, Glasgow; N. Fingall, Wexford; M. C. Dawson, London; N. Copelin, Beckenham; E. Laborda, Stroud Green; E. Islip, London; F. Robinson, Cardiff; M. Walker, Port St. Mary; E. Douglas, Belfast; S. Arthur, Slough; M. Loftus, Stirling; E. M. Banner, London; K. L. Wilcox, London; A. L. Etheridge, London; C. Ramsay, Greenock; A. Glass, Belfast; I. Callaway, Kingston; C. E. Gardner, Watford; K. M. Monk, Limerick; L. A. Castleman, Balham; J. M. Bruford, K. Thompson, London; M. C. O'Donnell, Dublin; K. Murley, Edinburgh; A. Leuton, Acton; C. Mackenzie, Glasgow; E. Spencer, London; C. M. Walker, Stockport; K. Tooley, Leicester; A. Mutton, Plymouth; A. G. Layton, London; C. P. Fraser, Edinburgh; K. T. Mostyn, Swansea; M. Martin, Manchester; K. C. Macleod, Dundee; V. James, Huddersfield; I. Lavell, Margate; M. Woodward, Redhill; J. H. Bennett, Edinburgh; S. J. Black, Edinburgh; K. F. Womond, Norwich; E. A. Leeds, London; H. G. Bowers, Nottingham; M. Woods, Ipswich; A. Harding, Mortlake; M. Deverill, Birkdale; R. Leigh, Lympstone; K. Molony, Cork; V. Langton, London; G. Smart, Cork; A. Kemp, Upper Walmer; T. Long, Brighton; M. E. Clegg, Liverpool; M. McWilliams, Omagh; E. M. Dickson, Felixtowe; J. Nutt, W. Bromwich; J. Cook, Portland; C. Rose, Aberdeen; R. Conway, Branksome Chine; M. E. Cooper, Shildon; M. Lewis,

London; A. May, Liverpool; T. Levy, Brighton; P. Mackenzie, Inverness; A. Bruton, Plymouth; F. Solly, Derby; M. Crisp, London; M. E. Masterman, Stornoway.

Several competitors failed to write "Prize Puzzle" on their envelopes; these were disqualified. The rules for the Prize Puzzle remain the same, and will be found on page xii.

## The Irish Nurses' Association.

We have pleasure in publishing the following list of new members of the Irish Nurses' Association, and are very pleased to see that they are rallying to a call for unity. We hope they will all watch the progress of the Registration Bill, and impress Irish M.P.'s with its importance.

### NEW MEMBERS.

#### ADELAIDE HOSPITAL, DUBLIN.

Sisters: Edwards and Johnston.

Nurses: Bennett, Wisdom, Swan, Phean, S. Johnston, M. Simpson, Wolfe, Lyden, O'Neill, Cream, Adams, Young, Maidment, Hynes, Crosskerry, McRadden, Irwin.

#### RICHMOND HOSPITAL, DUBLIN.

Nurses: J. Barton, M. Coffey, N. Mahony, E. O'Driscoll, A. Cummings, A. Dunne, A. Mannix, L. Stafford, A. Edgar, M. Fitzpatrick, E. MacMunn, M. Hyde, M. Lecky, A. Maloney.

### MISCELLANEOUS.

Nurse Ursula Gordon, Caherdaniel.  
Nurse Peile, Londonderry.  
Nurse Young, London.  
Nurse M. Nally, Nurses' Home, Armagh.  
Nurse Hugginson, Nurses' Home, Armagh.  
Miss S. J. Fox, Masseuse, Dublin.  
Nurse Slattery, Ryde, Isle of Wight.  
Nurse Monan, Clontarf.  
Nurse Margaret Parke Cross, Royal Hospital, Belfast.  
Nurse O'Sullivan, Rathmore.  
Nurse McAlesie, Newry.

#### ROTUNDA HOSPITAL, DUBLIN.

Staff Nurses: Law, Aberdeen; C. H. Hill, Harold's Cross; Manderson, Creener.

Private Nurse: L. Madden, Delgany.

Probationers: Hurley, Trenton, New Jersey, U.S.A.; McCarthy, Fermoy; Irene Hughes, Headingley, Leeds; Thorp, Kingstown; Hartigan, Castleblayney; Russell; Reddie, Inestioige; Lendrum, Dublin; O'Brien, Perth, W. Australia; McGill, Strabane; McConnell, Letterkenny; Slevin, Arklow; Powell, St. Colum, Cornwall; Locke, Rathmines; Kemp, Blackheath, London; Campbell, Klerksdorp, S. Africa; Sharpe, Coleraine; Meenan, Portland, Maine, U.S.A.; S. Lillis, St. Ennis; Rutledge, Omagh; Harty, Nenagh; Wood, Liverpool.

Staff Nurse Crawford, Dublin.

Nurse Morrissey, Killeagh.

Probationer Henry, Portlaw.

ROYAL VICTORIA EYE AND EAR HOSPITAL, DUBLIN.

Sister Elvira Power.

Nurses: O'Rafferty, Bestall, Lewis, Rogers.



## Practical Points.

### The Thesnor Chin Strap.

We have pleasure in drawing attention to the "Thesnor" chin strap, designed by Mrs. Helen Best, whose numerous and delightful toilet preparations are well known and widely appreciated. The "Thesnor" was produced by Mrs. Best as an aid to correct breathing, by keeping the mouth closed, and so preventing the entrance of atmospheric impurities to the lungs. It has been found, further, that it removes the feeling of physical fatigue which results from sleeping with the mouth open, and also



relieves the dryness of the throat and the parched condition of the tongue, due to the same habit, with the result that healthy, refreshing, and natural sleep is obtained. By its use the habit of snoring is also eradicated. The cost of the "Thesnor," which is made in two qualities, is 5s. 6d. and 7s. 6d., and those ordering this, or any other of Mrs. Best's preparations, should state whether these should be addressed Mrs. or Miss, and the permanent address should always be mentioned when writing from a temporary one. This is specially important in the case of nurses who move about so much.

Will our readers kindly note that Mrs. Best's address is now 524, not 526, Oxford Street, W.

### Bed Pans and Bed Sores.

Every nurse knows that when a patient with a tender back has to use an old-fashioned bed pan of the circular pattern that the greatest care must be exercised, or tenderness and redness may quickly develop into a bed sore through pressure or rubbing of the tender spot. To such patients the "Perfection" bed pan, supplied by Meinecke and Co., U.S.A., and wholesale in this country through Grimwades, Ltd., Stoke-on-Trent, and through local agents, is a boon indeed, and never since it was first brought to our notice at the International Congress of Nurses in Buffalo, U.S.A., in 1901, have we seen one which can compete with it. It follows also that, if it is desirable for patients with threatened bed sores, it is also the right and most comfortable shape for ordinary patients, the reason being that the shape conforms to the body, which is not the case with bed pans of the ordinary type. Amongst the retail agents are Messrs. E. and R. Garrond, 150, Edgware Road, London, W., and Messrs. Southall, Bros. and Barclay, Birmingham.

## London Homoeopathic Hospital.

### MEDALS, BARS, AND PRIZES.

To commemorate the long and faithful service of the Sisters and nurses of the London Homoeopathic Hospital, and as a token of their appreciation of their sustained effort to maintain the standard of the nursing with due economy, the Nursing Committee decided to recommend the Board to award medals for six years' service and a bar for each additional five years' service. Eight Sisters and five nurses have received such medals.

Sister Mary Watkinson: 5 bars; Oct. 10th, 1882-1888; 1888-1893; 1893-1898; 1898-1903; 1903-1908.

Sister Margaret Sarll: 4 bars; Jan. 10th, 1886-1892; 1892-1897; 1897-1902; 1902-1907.

Sister Mary Edgar: 3 bars; July 10th, 1889-1895; 1895-1900; 1900-1905.

Sister Jessie Wallis: 2 bars; July 10th, 1895-1901; 1901-1906.

Sister Ada Rayner: 2 bars; Oct. 10th, 1895-1901; 1901-1906.

Sister Frances Hicks: 2 bars; May 10th, 1897-1903; 1903-1908.

Nurse Lilian Niemann: 2 bars; July 10th, 1897-1903; 1903-1908.

Sister Juliet Dickin: 2 bars; April 10th, 1898-1904; 1904-1909.

Sister Violet Cousins: 1 bar; May 10th, 1900-1905.

Nurse Eliza Wade: 1 bar; April 10th, 1900-1906.

Nurse Ethel Darley: 1 bar; Jan. 10th, 1901-1907.

Nurse Annie Breeze: 1 bar; Sept. 10th, 1901-1907.

Nurse Elsie Nicholas: 1 bar; Feb. 10th, 1902-1908.

The Board has also awarded a Gold Medal to the nurse in training obtaining the highest number of marks in her three years' examinations; also prizes for the Nurses' Examinations in the first and second year.

The prize winners for 1909 were as follows:—

### GOLD MEDAL.

	Marks obtained:	Maximum possible.
Nurse Charter	1,129	1,300

### MATRONS' PRIZES.

For next two Nurses with Highest Marks.

Nurse Sangar Nurse Collins.

### 2ND YEAR NURSES' PRIZES.

1st—Nurse Ward	503	600
2nd—Nurse Haile	497	600

### 1ST YEAR NURSES' PRIZES.

1st—Nurse Baron	512	600
2nd—Nurse Upton	486	600

### THE DEFENCE OF THE NATIONAL HEALTH.

Mr. Stephen Paget, speaking at the annual Court of Governors of the Middlesex Hospital, referred to the proposal made by the London County Council that the hospital should provide, under a subsidiary agreement, medical treatment in the out-patient department for children attending public elementary schools, and said that he looked forward to the time when everybody should be made to pay for the defence of the national health just as they paid for the defence of the national peace and trade.



## Appointments.

### METROPOLITAN ASYLUMS BOARD.

**North-Eastern Hospital, Tottenham.**—Miss Margaret Jones has been appointed Matron upon the resignation of Miss Schooling. Miss Jones was trained, and afterwards held the position of Staff Nurse, at St. Bartholomew's Hospital, E.C., from 1882-87, and was Staff Nurse also from 1888-89. Miss Jones also worked at St. Saviour's Infirmary, St. Mark's Hospital, and as Night Superintendent at the Leamington Home. She entered the service of the Metropolitan Asylums Board in 1890, and held the positions of Charge Nurse and Night Superintendent until 1895, at the Northern Fever Hospital, when she was appointed Assistant Matron. Miss Jones was appointed Matron of Gore Farm Hospital in 1901, where she has performed her arduous duties with the greatest devotion, a post which she now vacates for the North-Eastern Hospital. Miss Jones has always taken the greatest interest in the better organisation of the profession upon which she has reflected so much credit. She is a member of the Matrons' Council of Great Britain and Ireland, of the Society for the State Registration of Trained Nurses, the Fever Nurses' Association, and the League of St. Bartholomew's Hospital Nurses. We wish her a happy and successful future.

**Gore Farm Hospital, Dartford, Kent.**—Miss Alice Stewart Clegg Bryson, Assistant Matron at the Northern Hospital, has been appointed on probation for three months as a Matron in the Hospitals' Service, and allocated to Gore Farm Hospital. Miss Bryson was trained at the Crumpsall Infirmary, Manchester. Her service under the Board comprises nine months as Assistant Matron at the Fountain Hospital, six weeks as Housekeeper at the Park Hospital, and six years as Assistant Matron at the Northern Hospital. During this last period Miss Bryson was transferred from October, 1907, to January, 1908, to the Gore Farm Hospital to take charge of the Southern Section of the Lower Hospital. Prior to her service under the Board, Miss Bryson held the following posts, viz., Second Assistant Infirmary Matron, Crumpsall Infirmary, Manchester; Glasgow Co-operation of Nurses, private nurse; and Temporary Matron, Royal Victoria Hospital, Belfast.

### MATRON.

**The Infirmary, Edmonton.**—Miss Annie Dowbiggin has been appointed Matron. She was trained at the General Infirmary, Leeds, and has held the position of Charge Nurse at the Park Fever Hospital, Lewisham; Theatre Sister at the Royal Hospital, Portsmouth; and Matron at the Shirley Warren Infirmary, Southampton.

### ASSISTANT MATRON.

**Royal Institution for the Blind, Birmingham.**—Miss Louise Kingham has been appointed Assistant Matron. She was trained at the Lewisham Infirmary, and the Royal Westminster Ophthalmic Hospital, and has been Staff Nurse at the General Hospital, Birmingham, Sister at the South-Eas-

tern Hospital, New Cross, Charge Nurse at the Royal Eye Hospital, Southwark, Sister at the Institution for Nursing Sisters, Devonshire Square, E.C., and Sister at the Fulham Infirmary, Hammersmith, W.

### SISTERS.

**East London Hospital for Children.**—Miss S. S. Irvine-Robertson has been appointed Sister. She was trained at the Royal Hospital for Sick Children, Edinburgh, and at St. Bartholomew's Hospital, London, and has recently been taking Sister's duties at the Edinburgh Children's Hospital.

**Birmingham and Midland Free Hospital for Sick Children.**—Miss Florence Moseley has been appointed Sister. She was trained at the Hospital for Women and Children, Bristol.

**Isolation Hospital, Norwich.**—Miss Sarah Watson has been appointed Sister. She was trained at the Leith General Hospital, and at the City Hospital, Edinburgh.

**Home Hospital, St. Leonard's Lawn, Exeter.**—Miss Margaret Hume has been appointed Sister. She was trained at the General Hospital, Leith.

### QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

The following lady has received an appointment as Staff Nurse: Miss B. Jackson.

Miss Gwladys Mary Griffiths to be Staff Nurse (provisionally). Dated February 8th, 1910.

**Postings and Transfers.**—*Matrons:* Miss M. C. S. Knox, R.R.C., to Military Hosp., Cork. *Sisters:* Miss H. L. A. Jack and Miss M. Smith, to South Africa; Miss A. F. Byers, to T.S. *Plassy*, for duty. *Staff Nurses:* Miss C. V. S. Johnson, Miss V. C. Paschali, and Miss M. H. Congleton, to South Africa; Miss M. E. Smith, and Miss G. H. C. Paynter, to T.S. *Plassy*, for duty; Miss F. E. Manfield, to Military Hospital, Cairo; Miss I. J. Pooley, to Egypt.

### QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES

**Transfers and Appointments.**—Miss Margaret Warn, to Tipton; Miss Charlotte Almond, to Northampton; Miss Eliza Birnie, to Altrincham (Dunham Massey); Miss Sarah Griffiths, to Rochdale; Miss Lilia Gibson, to Stockton; Miss Ethel Emuss, to New Malden; Miss D. Anne Ladbrook, to Gresford; Miss Catherine Duncan, to Llandiloes.

### NURSING IN ITALY.

Miss M. Amy Turton has been appointed Assistant Matron at the Polyclinic Hospital, Rome. Miss Turton is a valued collaborator of this Journal, and has contributed articles to its pages for many years, by which means her unique pioneer work for nursing in Italy, which is now bearing such good fruit, is well known to the nursing world. She is also Hon. Vice-President for Italy of the International Council of Nurses, and, with the Princess Doria, attended the meeting of the International Council of Nurses in London last year in that capacity.

Miss Dorothy Snell and Miss Johanna Clay left London on Saturday to take up their new work at the Polyclinic Hospital, Rome.

## Nursing Echoes.



We have been asked our opinion on the system of offering prizes for competition in connection with a given subject, and of publishing neither the names nor the addresses of the winners when the result of the competition is announced. We think there can be only one opinion as to this method, namely, that it is both unsatisfactory and undesirable. It is quite competent to anyone to assume that the competition is fictitious, and that the prizes are not awarded at all. In all the years we have edited this journal we have never found a prize-winner object to the publication of her name and address. Such a rule should be made compulsory upon all newspaper proprietors.

School nurses are not concerned with London County Council policies, because as servants of the Council it is their duty to work loyally under it, whichever party is in power. What does concern them is that they shall do as much as possible for those children in the schools who need their trained care. Before powers were given to local authorities under the Education (Administrative Provisions) Act, 1907, in connection with the provision of food, medical inspection, and medical treatment, in the schools, many of the children must have been working under conditions which quite unfitted them for serious study. Cuts and sores, inflamed glands and tonsils, defective eyesight, discharges from the ears, skin diseases, and uncleanness, are some of the more common conditions brought to light under the present system. Further, Dr. Marion Hunter, reporting on the condition of the teeth of infants at the time of their admission to school, gave some startling instances of the extent of dental caries in six infants, with the exception of two all being under five years of age. Of these a boy just over five had not one tooth, merely offensive stumps; a girl, five years and two months old, had only two teeth left; the other children, all under five, had respectively seven teeth out and five stumps remaining, eleven stumps, fourteen stumps, and seventeen stumps. Periodical inspection of the teeth, as practised in many foreign cities, appears to be the only method of dealing effectively with this national evil, but nurses can do good service by drawing attention to any cases of dental caries which come under their notice, and securing treatment for the children.

We learn that in some of the County Hospitals in the provinces pressure is being put upon the Matrons to open the wards at certain hours to the women who are being organised for Red Cross work in connection with the British Red Cross Society, in order that they may gain some practical experience in nursing, and that it is difficult for the Matrons to make a stand when Boards of Management and local social magnates press the point. Nevertheless, it is a manifest duty to safeguard the interests of the sick in our hospitals as well as of the sick sailors and soldiers in time of war, and that the undesirability of such a course should be emphasised. The sphere of Red Cross workers should be well defined, and restricted to rendering first aid, which can well be learnt outside the wards of a hospital. Skilled nursing is serious work only to be learnt by prolonged study and practical experience, and any attempt to teach nursing by a few hours' insight into ward work can only result in increasing the army of amateur nurses, and should therefore be discounted.

As a result of the crowded meeting of nurses recently held at Edgbaston, near Birmingham, 22 new members have been added to the Nurses' National Total Abstinence League. A nurse's example and teaching must naturally carry great influence in the war against intemperance.

We are glad to hear that the Brighton, Hove and Preston branch of the Queen's Nurses' Institute is to benefit by the handsome sum of £300 7s. 3d. from the matinee arranged by Mrs. William James, and which was attended by the King. A cheque worth having!

Sir George White in his comprehensive review of the year's work at the annual meeting at Bristol Royal Infirmary, turning to the subject of nursing, said: "I should like to remind you that the Royal Infirmary Preliminary Training School has now been established for rather more than a year, and has proved of the greatest benefit. The careful training which the probationers receive at the school is of the greatest value, and no pains are spared to raise the standard of work throughout their training. There is every inducement for the best class of probationers to come here because the Bristol Royal Infirmary contains special departments for various kinds of cases not always received in general infirmaries and hospitals, and our nurses have also the privilege of learning midwifery and massage, whilst the Institution is one of the schools recognised by the Central Midwives' Board. Our nursing staff, including

the private nurses, now numbers 169. During the last year 23 nurses completed their training and gained certificates: 20 gained the certificate of the Central Midwives' Board, and 12 the certificate of the Incorporated Society of Trained Masseuses.

"Our best thanks are due to Miss Baillie, our Matron, and her staff for the excellent services they have again rendered the Infirmary.

"In going through the items of the account, I purposely omitted to mention that there is again no charge against the Infirmary for linen, because I wish specially to refer to the great assistance of the Royal Infirmary Needlework Guild under the presidency of her Grace the Duchess of Beaufort. These ladies have again thrown themselves into the work with energy and enthusiasm, and I have not the slightest doubt that the quantity of linen which they have presented to the Infirmary must at least represent the sum of £500 for the year. The ladies are not content with ordinary methods of advancing their cause, but this year intend to make a special effort of their own in arranging a fête and sale of work, to be held in the garden of the Nurses' Home on the 6th and 7th July next, and I am sure we all wish them every possible success."

The whole hospital world owes a debt of gratitude to Mrs. Handley, of Bath, the clever wife of the late Chairman of the Royal United Hospital there. She it was who first proposed the organisation of a Linen League, and set a system in motion which has brought thousands of pounds' worth of linen into use in our hospitals. It was a very happy idea, and one which the hospital world avails itself of more and more every year.

The Royal Infirmary, Edinburgh, has at present no preliminary training school for its probationers, but the Lady Superintendent of Nurses, Miss A. W. Gill, R.R.C., has kindly given us the following information as to what is required of candidates. They must satisfy the Lady Superintendent that they possess a knowledge of housework and cooking, and pass an examination in anatomy and cooking before they are appointed as probationers. They study for this examination, partly at home and partly during the preliminary three months of training, in the course of which they have lectures from one of the surgeons, and classes, etc., the examination being held a week before the end of the quarter. This examination used to be taken by the probationers before entrance, but Miss Gill found that as the majority had had no proper instruction in the subjects in which

they were examined, they crammed from a book, and learnt unintelligently. It is hoped now to ensure both that they have a test before signing, and that they are properly taught, while they gain the necessary knowledge as early as possible in their course, but Miss Gill is very anxious for the establishment of a preliminary training school, whenever this is feasible.

A correspondent writes from Mauritius:—

"At a meeting of clergymen and Church workers on January 25th, a paper was read by a lady missionary who has worked for many years in Mauritius. She dealt mainly with the needs of the native women. One proposal made was, from a nursing point of view, very unusual—viz., that an effort be made to induce the Local Government to set apart wards in the hospitals for the sole use of Protestants. The reason for this suggestion is that nursing in all the hospitals is under the care of the Sisters of the Roman Catholic community. As I have never nursed in the Civil Hospital, nor in any of the other smaller hospitals scattered over the colony, I have not had the opportunity of personal observation. Whenever I have been giving a lesson of an hour and a half's duration, or paying a casual visit, I have met with the greatest courtesy at all the hospitals from the sisters.

"To set apart a special ward, or wards, for those patients who profess to be Protestants, is no solution to the religious problem. It would be sad to see more walls being put up between different sects and creeds. Alas! the existing walls are already too high in this colony. But it is regrettable that those who tend the sick should not treat all suffering creatures alike. I say 'creatures,' for many of those poor, ignorant Malabars are little removed from the lower animals.

"A lay superintendent of nursing in the principal hospital—Port Louis—is sadly needed, but there is little prospect of that. The Government already grudge the grant to the Health Department, and consider it too large. But anyone who has any acquaintance of home hospitals will say that the money spent on the hospitals is inadequate. Also, one cannot dispense with the Religious Sisters until a competent lay nursing staff is forthcoming, and that cannot be got locally."

Thoroughly trained Roman Catholic nurses might look around in our Crown Colonies and see where their trained skill can be of the greatest use by way of helping the "religious" engaged in hospital work abroad, but who have not had the opportunity of perfecting themselves by systematic training in modern nursing, without which, even with the best intentions, it is not possible to meet the needs of scientific medicine.



## Reflections.

### FROM A BOARD ROOM MIRROR.

His Majesty the King has accepted a copy of the inaugural Address delivered by Dr. George Burford on "The Medicine of the Future: Coming Events that Cast their Shadows Before," at the opening of the winter session of the Honyman Gillespie Lecture Courses at the London Homoeopathic Hospital, Great Ormond Street, London, W.C.

The annual meeting of Queen Charlotte's Hospital, Marylebone Road, London, was held on Tuesday, 22nd February, Sir Samuel Scott, Bart., M.P., presiding. The report stated that 1,793 patients had been admitted to the wards during the past year, and 2,333 patients had been attended and nursed in their own homes. Twenty-two medical students (11 men and 11 women) and 37 qualified practitioners (24 men and 13 women) had attended the practice of the hospital; 130 women had been trained in midwifery and monthly nursing, and 43 in monthly nursing alone. The fees for trained nurses had been reduced, and they were now permitted to wear the uniform dresses which they had worn at their General Hospital. A private nursing staff had been established, and had been very successful. In moving the adoption of the report, the Chairman deplored the fact that the income during the past year had fallen short of the expenditure by no less than £1,570. Moreover, there had been deficiencies in 1907 and 1908 also, the total deficiency in the three years, 1907-8-9, amounting to £3,287. He made an earnest appeal for additional support to enable the Committee to pay off this large deficit and to provide for the upkeep of the hospital during the current year.

The annual financial statement of the Metropolitan Asylums Board shows a decrease of total expenditure for the year of over £40,000. Sir Augustus Scovell, in presenting the Finance Committee's report, said that it was extremely pleasant to him to announce a reduction of 3d. in the rates.

We wondered how long the predatory inroads into the money available for charity in the Southern Counties by the League of Mercy, all of which is donated to the King's Hospital Fund for London, would be tolerated by hospital managers. Expressions of disapproval have already been heard, and now, at the annual Court of Governors of the Sussex County Hospital, Mr. Scrase Dickens, in seconding the adoption of the report, said he desired to lay some emphasis on a matter which was felt to be prejudicial to the interests of the hospital, and that was the way in which the organisation on behalf of the League of Mercy was being extended in the town, as well as in the county all around. While they had at their doors institutions unquestionably of high repute, receiving and dealing with the patients poured into them in such thronging numbers, it did seem hard that large sums of money should be collected for the support of hospitals elsewhere from those who were enjoying the advantages of having local charities. In

London there might be patients drawn from the provinces immediately surrounding, but he doubted if there were more than a very few sent from Sussex, least of all from this part of it, while they knew for certain that there was not a hospital in Brighton which not only needed, but would be the better for, increased pecuniary resources. He was not forgetting that a moderate percentage of the money collected by the League of Mercy was allocated locally—but why a percentage only? Surely they had the first claim for support; surely such a competition as this was unfair!

Dr. Willoughby Furner thought that a great many people who were asked to subscribe had no idea that only 5 per cent. of the money went to local charities. Sussex subscribed to the League more than almost any county, and it seemed hard that they should get only such a small percentage. If charitably minded people understood that the Sussex County Hospital not only carried on work all over the county, but in many instances did a great deal for London patients who came down, he thought they might think that their subscriptions would be better given direct to the hospital.

We think it is high time the Committees of county hospitals laid their just cause of complaint plainly before the President, H.R.H. the Prince of Wales. We know that the Hampshire hospitals also bitterly resent the diversion of money from local charities to the Metropolis. Nothing could be more unfair, and the abuse is yearly increasing.

The question of providing a suitable place of worship for the patients at the Frimley Sanatorium at Frimley has for some time past engaged the serious consideration of the Committee of Management. Lord Chylesmore states that last summer a memorial was presented to the Committee by the patients at the Sanatorium expressing their unanimous and earnest desire to be allowed to build and equip a chapel by their own labour as part of their treatment of physical work, and the Committee, feeling that the question ought not to be further delayed, have caused plans to be prepared for the erection of a chapel by the architect who built the Sanatorium. The building has been designed with a view to simplicity, and yet in keeping with the rest of the Sanatorium. Provision has been made for an abundant supply of fresh air, and it will be possible for the patients to undertake the greater part of the work of building it.

A sum of £2,500 is required to erect and equip the chapel.

### WINCARNIS AND INFLUENZA.

One of the medicated wines which is of proved value as a tonic in many cases of debility, or when it is desired to fortify the system in the presence of a prevailing epidemic, is Wincarnis, supplied by Thomas Coleman and Co., 221, Wincarnis Works, Norwich. At the present time it is being prescribed both as a preventive of, and a valuable aid to, recovery in cases of influenza, and as a tonic during convalescence, with great advantage to the patient.



## Outside the Gates.

## Book of the Week.

## SEX EQUALITY IN DIVORCE.

The Royal Commission on the Laws of Divorce and its administration appointed to take evidence on this question of vital importance to the community, has held sittings at Winchester House, St. James's Square, during the past week, and the two ladies—Lady Frances Balfour and Mrs. H. J. Tennant—who, with ten men, form the Commission, must have been somewhat amazed by the evidence of Mr. Justice Bigham, the President of the Divorce Court.

Dealing with the subject of sex equality, Sir John said: "I do not think the act of adultery on the part of a man has anything like the same significance that an act of adultery has on the part of a woman. Most men, I think all men, know it perfectly well. An act of adultery on the part of a man may be more or less accidental. It is not inconsistent with his continued esteem and love of his wife (some people, of course, will think differently), whereas an act of adultery on the part of a woman, in my opinion, is quite inconsistent with the continued love and esteem of her husband."

We ask women what is the position of their sex who have to sue for justice in a Court where the Judge holds these opinions. Equality of the moral law between the sexes is imperative in any Court of Law if justice is to be maintained, and our present divorce laws are grossly unjust to women, and an incentive to immorality to men.

Married men do not usually commit adultery with clean women. That is the fact wives must realise. Faithlessness upon the part of a husband does not end with the moral outrage to a woman's inner consciousness; she also runs the risk of loathsome physical infection, which may not only ruin her own health, but that of the innocent fruit of her body—a heart-breaking result to a mother.

We are not surprised to find that Lady Frances Balfour addressed some pertinent questions to Sir John Bigham on his two standard moral code for the sexes. "I suppose the wife's price would indeed be above rubies, who closed her eyes to 'accidental' adultery?" questioned her ladyship.

Sir George Lewis, the eminent solicitor, in his evidence, said his experience covered thousands of cases in the Divorce Court. For the last 30 years he had advocated a number of amendments of the law of divorce in the direction of securing sex equality, and making relief possible to the poor. He would make the grounds of divorce the same for man as for woman, namely, adultery, cruelty, desertion, lunacy, and imprisonment for five years. If the adultery of his wife entitled a man to divorce, the adultery of her husband should entitle a woman to divorce. This is sound common sense.

## ANNE OF AVONLEA.\*

We closed "Anne of Green Gables" with regret—regret that we had turned the last page of so charming a book—regret that we had parted with Anne just as she was budding into womanhood, for we felt sure that so delightful and original a child must have an interesting future. So "Anne of Avonlea" (Prince Edward Island) is welcome, and though her predecessor must remain first favourite yet this is a book to be read and enjoyed. We are introduced to her when she is "a tall slim girl 'half-past sixteen' with serious gray eyes, and hair which her friends called auburn," just as she is entering upon the charge of the Avonlea school. Is it usual to put girls of sixteen in full charge of schools in Canada? It seems so from this story, for Anne's contemporaries were appointed to similar posts, and we find three of them seriously discussing the question of corporal punishment. Anne's strong conviction that it is "a cruel and barbarous thing to whip a child—*any* child" fails when put to too severe a test, and though she bitterly reproaches herself—and so she should for she certainly lost her temper—she found that if she had not won the delinquent's liking she had won his respect, and Mrs. Rachel Lynde tells her that Anthony now believes she is some good after all, though she is a girl; "that whipping you gave him was just as good as a man's."

But Anne is mournful feeling her ideals have played her false somehow. "It doesn't seem right. I'm sure my theory of kindness *can't* be wrong." Nor is it, but there are exceptions to every rule.

It is not to be supposed that Anne's genius for getting into trouble forsakes her. The episode of her sale of the wrong cow is amusing reading. Nor was the Avonlea Village Improvement Society, launched by the energetic young people to beautify their village, without its disasters. But they are gaining experience all the time, and especially from the great teacher, Nature, for which Anne has lost none of her passionate love.

"I wonder what a soul. . . a person's soul . . . would look like," said Priscilla dreamily.

"Like that, I should think," answered Anne, pointing to a radiance of sifted sunlight streaming through a birch tree, "only with shape and features of course. I like to fancy souls as being made of light. And some are all shot through with rosy stains and quivers . . . and some have a soft glitter like moonlight on the sea . . . and some are pale and transparent like mist at dawn."

"I read somewhere once that souls were like flowers," said Priscilla.

"Then your soul is a golden narcissus," said Anne. "and Diana's is like a red, red rose. Jane's is an apple blossom, pink and wholesome and sweet."

"And your own is a white violet with purple streaks in its heart," finished Priscilla.

\* By L. M. Montgomery. (Sir Isaac Pitman and Sons, Ltd., 1 Amen Corner, E.C.)

"Marilla's experiment in the adoption of Anne seems to have emoulded her to open her house to two orphans—twins—a boy and a girl, a decision welcomed joyfully by Anne, but not without its drawbacks and discipline."

The way opens at last for Anne to enter on the college career which she so willingly relinquished for Marilla's sake.

When we part with Anne this time "the page of girlhood has been turned, as by an unseen finger, and the page of womanhood is before her, with all its charm and mystery, its pain and gladness."

Is Anne's story to be written in three volumes? Somehow it seems foreshadowed that we shall have yet another in which the central figures will be Anne Shirley and Gilbert Blythe.

P. G. Y.

#### VERSE.

Swallow, dear swallow, I wonder, I wonder  
Why you of all the birds build the eaves under.  
Farther than any you wander and roam,  
Closer than any you cling to your home,  
You, whom we never see touch earth at all,  
Out of the mud you have built your nest wall;  
Sometimes you dimple the pond as you fly,  
Sometimes you're lost in the blue of the sky.

*The Swallow,*

By EMILY L. M. KING.

#### COMING EVENTS.

*March 7th.*—The Princess of Wales opens the new building of the Hospital for Invalid Gentlewomen, 19, Lisson Grove, 3.30 p.m.

*March 9th.*—Royal Infirmary, Edinburgh. Lecture on "Some Hygienic Considerations in Relation to the Diseases of Women." By Dr. Haig Ferguson, F.R.C.S.E. Extra Mural Theatre. Nurses cordially invited. 4.30 p.m.

*March 9th.*—South Kensington Nurses' Co-operation. Meeting by invitation of Miss H. Walker at The South Kensington Hotel, Queen's Gate Terrace, to meet the Mayoress of Kensington, and discuss the formation of a Local Branch of the British Red Cross Society. Music. Tea and coffee. 3.30 p.m.

*March 15th.*—Kent County Nursing Association. Annual meeting. Grand Hotel, Charing Cross, London, W.C.

*March 17th.*—Meeting Central Midwives' Board, Caxton House, Westminster, S.W., 2.45 p.m.

*March 18th.*—Somerset County Nursing Association. Eighth Annual Meeting, Municipal Buildings, Taunton. Address by Miss Amy Hughes, General Superintendent, Queen Victoria's Jubilee Institute for Nurses, 3 p.m.

*March 23rd.*—Royal Infirmary, Edinburgh. Lecture on "Neurasthenia." By Dr. J. J. Graham Brown. Extra Mural Theatre. Nurses cordially invited. 4.30 p.m.

#### WORD FOR THE WEEK.

Trust men and they will be true to you; treat them greatly and they will show themselves great.

EMERSON.

#### Letters to the Editor.



*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do NOT IN ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.*

#### REGISTRATION FINANCE.

*To the Editor of "The British Journal of Nursing."*

DEAR MADAM,—I was extremely glad to see that, in your comments on the Registration Bill in its amended form, you laid special stress on the necessity for giving the Council power to charge the nurses benefiting under that Bill adequate registration and examination fees. No mistake could be graver than to stultify the work of such an important professional organisation from its very commencement by neglecting to provide it with adequate means; so that it would from the very commencement be forced to depend upon voluntary outside aid to carry on its work. It is essential that the Council should have control over its officers, male and female, examiners, and registration officials, and what hold would it have over voluntary workers? The work demanded would be far too exacting to be given without proper remuneration, and the whole thing would soon drift into an amiable farce. This proper remuneration, as you, Madam, rightly say, should be provided by those who benefit by the Bill, the nurses.

I cannot speak for Scotland; I do not know its social and economic nursing conditions well enough, but I do know that in England and Ireland (from whence I have had many excellent probationers), the candidates who come to the hospital belong to that great social strata generally known as the middle class—not as a rule rich, but self-respecting and independent in money matters, and whose daughters are quite able to put down £5 to ensure their entrance into a legally acknowledged profession in which they can respectably earn their livelihood.

There are, of course exceptions—there are hard cases in every calling and profession—and these will probably be met, as in other professions, by the foundation of scholarships, by grants, or even by power on the part of the Council to reduce the fees in special cases. All that is a matter of detail, but that money for nursing educational purposes can be, and is, raised by nurses is proved by the very large amounts that are paid yearly in London alone by those anxious to obtain special nursing knowledge. This is amply proved by the balance-sheets of maternity hospitals and wards.

Of the nurses in bulk who cannot pay a £5 examination and registration fee I am extremely sceptical. Of course, a good many would rather not pay it—but as to cannot, that is another question. Nothing is more demoralising than the modern mania of trying to obtain more than we pay for—to be quite willing, when in the full possession of

health, strength, and working faculties, to let someone else step in and take over our responsibilities. It is good for us that we should, even with some effort, with some sacrifice, pay our own way; we value what has cost us dear—such is human nature—more than what is lightly attained. Charity is good in its proper place; in time of need, trouble, or sickness, he or she would be a churl who would not accept gracefully what is kindly meant and kindly given; but to brand the whole profession of nursing as a profession in need of charitable alms from its very inception would be to stamp it at once as “niedriger,” and to surrender our independence for the instant dole.

Leave us our proper pride. Let this Bill provide us with a Council that shall really and in truth be the controlling force that guides the nursing profession, and let us feel that as individual professional women we stand on an independent, a sound and honest financial basis. Let us “pay our way.” It is a good old English idea, perhaps not very modern, but it rings true. The Royal British Nurses' Association, for instance, started on an inadequate, and therefore unsound, financial basis. I speak quite freely, for I helped to erect that shaking framework myself, and it has practically ever since had to be propped up at intervals by kind friends to prevent it from collapsing.

Do not let this Council which is to be our palladium start its career foredoomed to bankruptcy unless it is rescued by the scraps it may drag from a charitable public or an unwilling Treasury. And do not refer to us as the “poor nurses.” There is no need to reduce us to a muddled condition of self-pity. We are not rich, but we can afford to pay a fair price for a good article, and we honestly expect and believe that this Registration Bill will give us good value for our five pound note.

I am, Dear Madam,

Yours faithfully,

M. MOLLETT.

#### THE NURSING JOURNAL OF INDIA.

To the Editor of the “British Journal of Nursing.”

DEAR MADAM,—Fancy India with a nursing Journal! Isn't it fine? I was pleased to see it was to be edited by an American woman, trained by Miss Nutting at Johns Hopkins, because the more we realise that there is “no nationality in nursing” the better our work will become. It means more sympathy with one another, something less of deadly apathy in our ranks, and, believe me, it is not only in Europe that the mass of nurses are so narrow; they are just the same at the other side of the Atlantic, and have less excuse, because things over there are much more light and airy. It seems just wonderful to see the resistless influence of the real professional nurses' journals. Aren't you proud that the BRITISH JOURNAL OF NURSING was the first of them? I remember the NURSING RECORD when it had a red and white cover. It's about as lively as all other grandmothers these days, and long may it stand for right against might, as it has always done.

An ever constant reader,

AN AMERICAN NURSE IN LONDON.

## Comments and Replies.

*International.*—We should advise you to communicate with Mme. Alphen Salvador, 10, Rue Amyot, Paris, and Mlle. Chaptal, Maison Ecole d'Infirmières Privées, 66, Rue Vercingetorix, Paris.

*Miss Evans, Birmingham.*—Apply to the Matron of the General Hospital or the Queen's Hospital, Birmingham, for information as to the terms on which probationers are received.

*Miss E. Robinson.*—A private nurse who has only had medical and surgical training is very indifferently equipped for her work. You should certainly obtain experience in one specialty before taking up private nursing. Fever nursing and massage are almost indispensable.

## Notices.

### RULES FOR PRIZE COMPETITIONS.

#### SOMETHING ABOUT OLD SISTERS.

We offer a prize of £1 ls. for the best paper of reminiscences entitled “Something About Old Sisters.” The paper must deal with Sisters or Head Nurses in charge of wards before 1885—women who acquired their knowledge and skill by personal application rather than as the result of systematic instruction. The papers for this competition must not exceed 1,400 words, and must reach the Editor at 20, Upper Wimpole Street, Cavendish Square, London, W., on or before Saturday, March 12th, 1910.

#### THE PRETTIEST PATIENT.

We also offer a prize of 10s. for a photograph and description of “The Prettiest Patient,” which must reach the Editor at 20, Upper Wimpole Street, Cavendish Square, London, W., on or before Saturday, March 19th, 1910.

The decision of the Editor in each case will be final.

THE BRITISH JOURNAL OF NURSING is the official organ of the following important Nursing societies:—

The International Council of Nurses.

The National Council of Trained Nurses of Great Britain and Ireland.

The Matrons' Council of Great Britain and Ireland.

The Society for the State Registration of Trained Nurses.

The Registered Nurses' Society.

The School Nurses' League.

As their official organ is widely read by the members of these societies, the Editor will at all times be pleased to find space for items of news from the Secretaries and members.

Exclusive news being copyright, papers quoting from our columns must give the name of this journal as the source of their information.

### OUR PUZZLE PRIZE.

Rules for competing for the Pictorial Puzzle Prize will be found on Advertisement page xii.

# The Midwife.

## Common Errors in Infant Feeding.

An interesting article on the above subject is contributed by Dr. Eric Pritchard to a recent issue of *The Clinical Journal*, in which the writer points out that errors in the feeding of infants, and the catastrophes that follow, are by no means confined to artificial methods; they are equally common amongst infants brought up on the breast, and he proceeds to analyse some of the causes which lead to the disasters which are attendant on both systems of feeding.

Some fifteen years ago Dr. Pritchard published an article on the "percentage system" of feeding infants. The aim and object of this method, as is now well understood, was to adjust the nutritive supply to the nutritional requirements. It was clear, therefore, that if cow's milk was adapted to the nutritional requirements of the calf, it could not also satisfy the needs of the human infant, and no amount of dilution could make it do so. It was claimed, however, that the food elements which existed in cow's milk could be separated by analysis, and re-combined by synthetic methods in the required proportions, and the results of the method have proved abundantly that this is true. And from this aspect, if the method fails it is the fault of the individual who employs it, and not of the method. "I frequently see it stated," says Dr. Pritchard, "by authorities who, in my opinion, might be expected to take wider views, that the percentage method is inferior to the old system of milk dilution; this is tantamount to saying that guess-work is better than a certainty, for the percentage method enables us to employ with accuracy any degree of dilution we please."

The writer proceeds to show that the infants with whom he had his early successes were all over one month of age. Some had been breast fed, others had been brought up on the bottle, but all of them were failures in some respect or otherwise he would not have found it necessary to interfere with the method of feeding, but the moment he attempted to apply the same method to the case of new-born infants, the disillusionment came, and he had to confess that the system had been weighed in the balance and found wanting.

Why? Here comes in an interesting point, showing the value of observation and practical experience on the part of a nurse, which al-

though unsupported by scientific proof, afforded the key to the puzzle.

Dr. Pritchard writes: "The answer to this question was unexpectedly supplied me by a maternity nurse, who had worked for me, and who was quite enthusiastic over the new method. She told me that she found her cases did much better when she peptonised the milk mixtures for the first few weeks of life. This, then, was the secret of my own failures, and I set to work to study why Nature did not fail in the same way. I knew perfectly well that Nature did not peptonise the human infant's food . . . however, when I came to examine the character of the food which Nature supplied to the new-born infant, I had to acknowledge that if it was not exactly peptonised it was at least of a composition that required little or no digestion before it could be absorbed from the alimentary tract.

"During the first few days of the puerperal period the mammary secretion, or colostrum, is extremely scanty in quantity; it is non-stimulating, non-coagulable, and yet adequately nutritious for the then existing requirements of the nursing. In fact, it is exactly the sort of food that on theoretical grounds ought to be supplied to a small, sensitive, and undeveloped digestive organ such as the stomach at the time of birth. To indicate how nicely adjusted colostrum is to the physiological needs of the new-born infant, I may mention that the sugar which it contains is capable of immediate absorption without any alteration in the digestive tract of the infant. The sugar of colostrum is dextrose, and not lactose, the milk sugar by which it is replaced after the establishment of full activity of the mammary gland. . . . Nature therefore provides the new-born infant with a mono-saccharide sugar (dextrose), which is immediately available for absorption and for the purposes of nutrition."

The transition from colostrum to coagulable milk is relatively slow; it may be ten days before the mammary secretion assumes the character of a true milk. During this time the stomach has been functionally developing, acquiring tolerance in the presence of coagulated casein, and learning to peptonise or liquefy the clot soon after its formation. There can be no evasion or short-circuiting of this route, and that is why new-born infants who are started in life on the statutory mixtures or the most approved percentage combinations so often fail to do justice to the method of feeding.



## The Central Midwives' Board.

The monthly meeting of the Central Midwives' Board was held at the Board Room, Caxton House, S.W., on Thursday, February 24th, at 2.45 p.m. Dr. F. H. Champneys, Chairman, presided.

Letters were read from the Registrar of the Royal College of Physicians, announcing the re-election of Dr. Champneys as representative of the College on the Board for the year ensuing April 1st, 1910; from the Secretary of the Royal College of Surgeons, announcing the re-election of Mr. C. H. Golding-Bird as the representative of the College on the Board for a similar period; and a letter from the Midwives' Institute, announcing that Dr. G. E. Herman had been appointed its representative on the Board in succession to the late Dr. Stanley Atkinson, J.P.

### REPORT OF PENAL CASES COMMITTEE.

The Penal Cases Committee reported that at the request of the Board, reports by various Local Supervising Authorities on the conduct of midwives previously censured or cautioned for offences against the rules were received in fourteen cases. In nine cases the reports, being generally satisfactory, it was decided to take no further action, in one a further report was asked for, in another it was decided to cite the midwife to appear before the Board, the Local Supervising Authority was to be requested to suggest the voluntary resignation of the midwife in a third; one case was adjourned, and in one no action was taken.

It was decided, subject to satisfactory evidence being furnished by the respective Local Supervising Authorities in three instances, to cite 25 midwives to appear before the Board, and another unless her voluntary resignation was sent in forthwith. In another case it was decided to caution the midwife as to her methods of practice, and especially as to her duty in advising that medical help be sent for.

In connection with three applications for the restoration of names to the Roll, it was agreed to grant that of Margaret Ellen Manns (Wakefield), the consideration of one application was adjourned, and another refused.

### REPORT OF STANDING COMMITTEE.

On the report of the Standing Committee, a letter was considered from the Clerk of the Council transmitting a copy of a report by Dr. Monckton Copeman, Medical Inspector of the Local Government Board, on an outbreak of pemphigus occurring in the practice of a midwife. It was decided to ask the Privy Council to furnish copies of the report for the use of members of the Board.

A letter was read from the Local Government Board transmitting a copy of a proposed circular to Boards of Guardians, dealing further with the payment of medical practitioners summoned on the advice of a midwife in emergency, and with the supply and training of midwives. It was decided to thank the L.G.B. for their letter, and to intimate that the Central Midwives' Board approves the proposed circular.

At the request of the Registrar of the University College of South Wales and Monmouthshire, permission was granted to hold the written examinations

at the College at Cardiff. The application was accompanied by forms of undertaking signed by Professor D. Hepburn, Dr. E. J. Maclean, and Dr. H. T. Samuel, the proposed supervisors.

A letter was considered from the Herts County Council forwarding a copy of a resolution passed by the Council as to the conduct of the penal business of the Board, together with a draft letter which the Standing Committee recommended should be sent to Local Supervising Authorities as to the suggestion of the Herts County Council that on the hearing of a charge against a midwife, the Local Supervising Authority should have the conduct of the case. The letter stated that before taking any action, the Board desired to ascertain the views of other County Councils in this matter. The letter was approved, and it was agreed to circulate it to the Local Supervising Authorities.

The removal of the names of seven midwives from the Roll at their own request, on the ground of ill-health or old age, was sanctioned.

In connection with the application of Dr. Davies-Colley, F.R.C.S., for appointment as one of the Board's examiners, it was agreed that Dr. Colley be placed on the list of supernumerary examiners.

The following medical practitioners were approved as teachers:—Dr. J. B. Banister, Dr. J. Johnston, Mr. E. W. Lowry, M.R.C.S., Dr. W. F. J. Whitley.

The following certified midwives were approved for the purposes of signing Forms III. and IV.:—E. B. Benjafield (No. 27026), S. A. Butler (No. 22967), Edith McClellon (No. 27140), M. F. Maunsell (No. 22459), Emma Newey (No. 26243), Harriet C. Dyke (No. 18230), Rebecca Handley (No. 23048), and Sarah Macdonald (No. 23922).

### FINANCIAL STATEMENT.

The Secretary presented the financial statement prepared for submission to the Privy Council, which showed a deficiency of over £2,070 on the year's working. The Hon. Mrs. Charles Egerton enquired what the deficiency was last year, and the Secretary replied that it was £1,853. The examination fees, Mr. Duncan continued, showed an apparent surplus of receipts over expenditure of £383, but it had been found impossible to estimate the proportion of establishment charges and cost of printing which should be credited to the cost of the examinations. If these items were included, there would be a deficiency instead of a surplus.

### DIPLOMA OF HONOUR.

The Secretary reported that a Diploma of Honour had been conferred on the Board by the Seventh National Congress of Midwives, held at Bologna from September 18th-21st, 1909, and displayed it for inspection by the Board. The Chairman said that Miss Paget had represented the Board at the Congress, so it was probably owing to her that the Board had been awarded the Diploma. The Chairman undertook to have it suitably framed.

### FUTURE MEETINGS.

The March meeting of the Board was arranged for March 17th; special meetings of the Board, for dealing with penal cases, for Tuesday, April 19th, and Wednesday, April 20th; and the April monthly meeting for April 21st.

# THE BRITISH JOURNAL OF NURSING

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XLIV.

## In Memoriam.

ISLA STEWART.

Words are inadequate to convey the irreparable loss which has befallen the nursing world by the passing, on Sunday last, of Miss Isla Stewart, Matron and Superintendent of Nursing at St. Bartholomew's Hospital.

As head of a great training school for nurses she discharged the duties of her office in a way which brought to it the utmost distinction; in public life she has stood for all that is best, noblest and bravest; to her friends she was a most true, generous and loyal comrade. With the shadow of her loss heavy upon us, it is, at the present moment, of her public career that we wish to speak—of that part of her life which belongs to the profession of which she was so distinguished a member, and served with such unselfish loyalty.

Of Highland descent, Miss Stewart entered upon her life's work at St. Thomas' Hospital in 1879, and in 1887 was appointed to the position of Matron of St. Bartholomew's Hospital, in which position she has accomplished her great work for the profession she loved.

Isla Stewart's claim to greatness lies in this: that she used her high position for no selfish ends, but threw the whole weight of her influence into furthering the welfare of nursing, whether or not the line of action she felt impelled to take seemed for the moment prejudicial to her personal interests. She held higher than any personal consideration her public duty, and the fulfilment of the obligations which her position imposed upon her. A lover of peace she has lived through the troublous times which so often befall a profession during its evolution, and only in the future can the nursing profession fully estimate its great

debt to her for her firm stand for vital principles. For herself she could gain no higher position, no greater honour, but with keen insight, and rare unselfishness, she entered the arena of public controversy to further the organisation of nursing for the benefit of the sick, and in order that trained nurses, whose work she estimated so highly might have legal recognition as members of an honourable profession. For her work in this connection her name is honoured to-day throughout the nursing world.

Her end was as she would have wished. At work until Thursday in last week she left London that day for Chilworth for a short rest. On Saturday she became acutely ill, and passed away on Sunday last.

A great patriot, Miss Stewart was a member of the Nursing Board of Queen Alexandra's Imperial Military Nursing Service and Principal Matron of No. 1 (City of London) Hospital of the Territorial Force Nursing Service; a great public servant, she was President of the Matrons' Council of Great Britain and Ireland, and of the Society for the State Registration of Trained Nurses, Hon. President of the League of St. Bartholomew's Hospital Nurses, a Foundation Member of the International Council of Nurses, an Hon. Member of the National Council of Nurses, the Irish Nurses' Association, the German Nurses' Association, and the American Federation of Nurses, while the *Assistance Publique* of Paris recognised her great services to nursing by conferring on her a special medal. Her body was brought from Chilworth to the mortuary chapel of St. Bartholomew's Hospital, and taken thence to Mossat, N.B., where she will be laid to rest on Thursday, March 10th, at 2 o'clock, and at 3 o'clock there will be a memorial service at St. Bartholomew's the Great, West Smithfield, E.C.

## Medical Matters.

### THE ÆSTHETICS OF ANÆSTHETICS.

Dr. Frederic W. Hewitt, M.V.O., M.A., consulting anaesthetist and Emeritus Lecturer on Anaesthetics at the London Hospital, delivered an interesting lecture at the hospital on February 25th on the above subject, which is published in full in the *Lancet*, in which he said, in part:—

"I do not propose to deal at any length with the technical principles of anaesthetisation. . . . I am to-day concerned with those details which make for mental tranquility and comfort during and after the administration of general anaesthetics.

"One of the first duties of the anaesthetist is to treat all patients, whether they be of the sensitive or of the phlegmatic type, whether they be of the amenable or of the cross-grained class, with the utmost consideration, kindness, and tact. Discourtesy on the part of a patient—nay, even actual rudeness—may be but the expression of an overwrought nervous system. Whenever possible it is a distinct advantage to see patients and to examine them before the time appointed for the operation. This is particularly the case when a patient is exceedingly apprehensive with regard to the anaesthetic, or when there is some grave respiratory, circulatory, or other condition which may complicate the anaesthesia. It is practically impossible to obtain a correct estimate of the patient's condition and the best method of procedure when one sees him for the first time lying upon the operating table surrounded by surgeons and nurses prepared and waiting for their respective duties. By seeing a patient a day or two beforehand the important question of the diet can be settled and final injunctions issued against the reprehensible but prevalent practice of giving the patient tea, beef tea, etc., three hours before the operation. The question of the preliminary use of morphine and atropine can also be considered. During the past two years I have used these drugs (generally  $\frac{1}{2}$  grain of morphine and 1-120th grain of atropine 20 to 30 minutes before the anaesthetic) with great advantage, particularly in abdominal cases. The indifferent and rather sleepy condition brought about by the morphine is a great boon to apprehensive patients; abdominal relaxation may generally be secured, even in muscular men, with less anaesthetic than usual; the secretion of mucus during anaesthesia is almost wholly prevented, and the patient passes through the first portion of the otherwise painful post-operative period in comfort.

"It is to be regretted that in their laudable

desire to conform to the ever-increasing demands of aseptic principles, many surgeons altogether lose sight of the disquieting effects which their methods of applying those principles may have upon patients, and particularly upon nervous patients. I have on numerous occasions seen sensitive and apprehensive subjects about to undergo formidable operations absolutely appalled at the sight presented to them on entering a well-equipped operating theatre, with its blaze of electric light, its complicated and comfortless operating table, its suggestive foot-baths beneath the table, its equally suggestive red tiled floor, its hissing sterilisers, its trays of glistening instruments, and its small army of surgeons, assistants, and nurses, all masked, gloved, and gowned in accordance with the latest dictates of science. I do not for one moment desire to belittle the precautions and preparations of the modern surgeon. My point is that it is unnecessary—I had almost said barbarous—to bring those precautions and those preparations prominently before patients about to undergo operations. Curiously enough, there are still some nurses who seem to think it necessary to provide unfortunate patients about to be operated upon with the hardest of operating tables, covered with the coldest of mackintoshes, and furnished with the thinnest and most uncomfortable of pillows. To place a cold mackintosh for a patient to lie upon is to be guilty of a surgical misdemeanour. In all cases the operating table should be well warmed by hot water bottles before the patient lies upon it, and great care should be taken to see that the bottles are then removed. I have heard of several instances of extensive burns resulting from a want of this precaution. During the operation the bed into which the patient will subsequently be moved should also thoroughly be warmed and covered with a full complement of clothes till the very second that he is transferred from the table to the bed. The curious custom of exposing one-half of the bed throughout the operation still remains. Immediately the operation is over the patient should be placed in the warmed bed and the hot-water bottles removed. The importance of this last-named point cannot be over-estimated. I have, in my experience, heard of at least a hundred cases of more or less serious burns due to inattention to this point. The rule that should be followed is that under no circumstances should a hot-water bottle be placed in bed with an unconscious patient. Although the anaesthetist may incur the displeasure of the nurse, he should, I think, always make a point, before he leaves his patient, of searching for and removing all hot water bottles."



## Clinical Notes on Some Common Ailments.

By A. KNYVETT GORDON, M.B. (Cantab.).

In the ensuing series of articles an attempt will be made to describe some of the most marked features of certain more or less common diseases as they strike the observer at the bedside, and to explain the reason for their occurrence. As I have previously pointed out, when the patient is sufficiently ill to require the services of a trained nurse, no inconsiderable part of the duty of observation falls to her lot, if only because she is in all probability at the bedside for as many hours as the physician spends minutes. It is difficult to measure the advantage that the constant presence of a trained observer affords to the physician, and therefore to their common patient.

In considering the selected diseases, it will be assumed that the reader has access to some standard text book of medicine, and no attempt will therefore be made to give a complete description of any of the ailments, the aim being rather to dwell on such points which the nurse should notice if she wishes to form an accurate idea of the progress which the patient is making.

It has always seemed to me that this is one of the chief difficulties which the nurse has to face. She notices certain symptoms, but has no means of knowing which are important and which of but trivial value. The old idea that the trained nurse has merely to carry out orders dies hard, but it is surely erroneous, or, at all events, singularly incomplete, and I feel sure that a nurse who is really interested in her patient must often have some difficulty in knowing just where he really is—whether he is getting better or worse, and whether the treatment is having the desired effect or not. For this purpose she must know something of two things—namely, what has gone wrong in the first place, and then what sort of resistance the patient is making to the evil. I often think that we are all too apt to think of an illness as a disease only; it is not; it is a fight—between one army and another, between the forces of the disease and those of the patient who is attempting to resist it. The disease runs on pretty much the same lines in every case, but the resisting powers differ each time, even in the same person, and our treatment must vary accordingly. We ought never, in fact, to talk about the treatment of a disease at all; we treat the illness and not the ailment, the person not the process.

To do this successfully, we must, above all things, know what to look out for, and it is, in-

cidentally, just this knowledge which distinguishes the trained from the untrained nurse; the latter can only follow and help, the former can observe also. Often a helper is all that is required, and as she is then very useful, we should never, I think, make any attempt to do away with the untrained "nurse" altogether, only it is desirable that the labels should be quite distinct, and that the general public should have some means of knowing which they are getting when illness arises.

We will now pass to the consideration of the selected diseases, and the first of these is bronchitis. We will first see what part of the human machine it is that has gone wrong, and then how it has done so.

The trouble lies in the breathing apparatus. The object of breathing is to take in oxygen from the air and convey it to the blood, the work being done satisfactorily only so long as the blood gets its proper supply of oxygen.

The air is, or should be, taken in by the nose. Now the use of the nose is twofold—firstly, to warm and moisten the air, and then to detect by the sense of smell any odour which shows that the air is unsuitable for respiration, both these advantages being lost if we breathe through the mouth. The air then passes down the trachea or windpipe until the lungs are reached, when the windpipe divides into a number of branches, called bronchi, which get smaller and smaller until each ends in a little bladder, which is called an alveolus, the walls of which are composed of a number of small blood vessels, whose coats are very thin, so that the air in the bladders can pass easily in and out of the blood which the vessels contain. There the red corpuscles seize on the oxygen, and give up carbonic acid in exchange.

The lung, therefore, consists of a network of bronchi, alveoli, and blood vessels. By the art of breathing pure air is drawn into the alveoli with each inspiration, and used up air is expelled from them at each expiration.

Now, when we come to think of it, it is evident that the whole of this apparatus is rather freely exposed to attack from without, for it must necessarily come into contact with all kinds of unsuitable air, which may not only be too hot or too cold, but which may be charged with irritating dust or fumes, or with germs of various diseases.

As a matter of fact, it is seldom that one cause alone is responsible for respiratory disease; more often than not, they act together, cold or heat lowering the resisting powers of the delicate membranes with which the air passages are lined, so that germs which would otherwise prove harmless are enabled to grow and multiply and produce their respective diseases.



Nor are the organisms necessarily introduced from without. If, for instance, we take a swabbing from the mouth of a healthy person and pass it over the surface of a number of tubes containing substances on which bacteria can easily grow, we find that after a time these tubes contain a large assortment of many different kinds of germs, such, for instance, as are responsible for diseases like consumption and various kinds of inflammation of the lungs. But we do not suffer from these ailments, though we have their germs in our mouths, and the reason is that in health the white corpuscles of the blood are able to keep them in subjection, so that they stay in the mouth, and do not get into the system at all.

But if the healthy man gets his resistance lowered, say by subjecting his respiratory organs to very sudden changes of temperature, the white corpuscles are temporarily weakened, so that the germs multiply and then attack them. A fight is established, and the patient is said to be suffering from the particular disease. It is then easy to see how catching cold gets blamed for a disease for which it is only partly, and not even mainly, responsible.

Whatever the cause, however, the result is in the case of respiratory disease at first the same—namely, the process that we know as inflammation. The germs multiply, and white corpuscles are called up in numbers to fight them. Part of this combat takes place at close quarters, and the corpuscles then devour the germs or *vice versa*, but for the most part the fighting is not of this hand-to-hand character, but the germs secrete a poison (toxin) and the corpuscles an antidote to it (antitoxin), and these neutralise one another, and whichever is then left over poisons the opposite party. In any case, the result is a quantity of dead bodies, both of cells and corpuscles.

Clinically, the first sign of inflammation of a part is that it becomes red, swollen, hot, and painful. Then the affected part pours out a secretion which contains the dead bodies aforesaid, sticky mucus to bind them together for more easy removal (and to soothe the inflamed part) and water to wash them away with. This secretion continues as long as the fight goes on, and ceases with the death or recovery of the patient.

(To be concluded.)

It is reported that there is a recrudescence of sleeping sickness in some districts of the Congo, and that in some villages 25 per cent. and more of the children are suffering from it. The situation is very serious.

## Notes on Ophthalmic Nursing.<sup>13</sup>

By GEORGE MACKAY, M.D., F.R.C.S.E.

Senior Ophthalmic Surgeon to the Royal Infirmary, Edinburgh.

(Concluded from page 185.)

Now let me demonstrate to you the following procedures:—

1. How to remove a foreign body from the conjunctival sac.

2. How to remove a foreign body from the cornea.

3. How to remove ingrowing eyelashes—epilating forceps.

4. How to apply drops to the eye—by means of a dropping tube, drop bottles, Chalk's, Stroschein's.

5. How to cleanse the lid margins, remove crusts of dried secretion, or parasites, and prevent scabs.

6. How to douche the conjunctival sac—cotton wool non-medicated—Undine.

7. How to douche the tear sac—syringe. (N.B.—Irrigation of the anterior chamber of the eye is employed by some surgeons—*c.g.*, at the operation of cataract extraction, but a nurse's only duty is to see that the apparatus and saline solution is irreproachably sterile.)

8. Credé's method of prevention of conjunctival infection, its general application, and its special value in maternity cases. A 2 per cent. solution of nitrate of silver.

9. The necessity of early douching after application of nitrate of silver.

10. The necessity for frequent douching in acute infection, avoidance of irritant lotions or corrosive wool. Simple saline solution or boric lotion the safest, combined with 20 per cent. solution of argyrol 2-hourly. The same lotion not to be used twice over.

11. The application of ointment. (a) To the lid edges; (b) to the conjunctival sac with a glass or other smooth rod.

12. How to prepare and apply Buller's eye shield. A strong watch glass between two pieces of sticking plaster leaving a circular central window.

13. How to apply a protective dressing to one or both eyes.

14. How to support it with a single or double roller bandage.

15. Liebreich's bandage applied to one or both eyes.

16. The application of rubber plasters, or the use of paper tape plasters.

17. Blood letting from the temple by leeches, natural or artificial, wet cupping, blistering the temple.

\* A lecture delivered to nurses at the Royal Infirmary, Edinburgh, February 23rd, 1910.

18. Iced applications.
19. Cold face plunge treatment for children.
20. How to make and apply hot fomentations.
21. Hot air or radiant heat baths.
22. A brief reference to some ophthalmic instruments, testing the points and edges of knives and needles.
23. Preparation for operations:—(a) Under local anaesthesia—cocaine; (b) under general anaesthesia—chloroform.
24. Preliminary cleansing.
25. Transportation after operation. Avoid hard and fast rules as to confinement to bed or prolonged bandaging.
26. The illumination of an ophthalmic sick-room.
27. The selection, fitting, and use of dark glasses, preferably goggles.
28. Diet.
29. Avoidance of draughts, stooping, coughing, sneezing, straining, surprise visits or handling, startling noises, cold feet.
30. Early control of pain.
31. Let me conclude with some general observations on the special care of ophthalmic patients:—

Watching for symptoms of poisoning—*c.g.*, by cocaine, atropin, atropin eczema, pain or vomiting as symptoms of increased tension, atropin dementia.

The occurrence of complications, such as digestive disturbance, or acute infectious fevers, bronchitis, pneumonia, etc.

Necessity of keeping eye patients cheerful, especially old people, and letting them lead as much as possible the life they would have led at home as to diet, choice of aperients, etc. Mental disturbance.

On the care of the blind I have no time to speak, but I commend to your notice a little book entitled "The Blind Man's World," written by the late Dr. Javal, of Paris, and translated by Dr. Ernest Thomson, of Glasgow. Some of you may be glad to know also that there is a handbook of Ophthalmic Nursing, by Dr. Sydney Stephenson, of London.

We regret that by a printer's error in the first part of the above article published last week a line was faultily introduced on page 184. In the third paragraph in the second column the second line should be deleted, and the paragraph should read: "Without going too much into detail, suffice it to say that a soft elastic cushion, chiefly composed of fat, fills up the remaining space between the eyeball and the bony walls of the orbit," etc. On page 183, the opening words of the last paragraph should be: "The coloured iris is the visible part of the middle coat." The word *emmetropia* denotes normal vision.

## The Factory Nurse.

(Concluded from page 127.)

[The first part of the paper on "The Factory Nurse," which was published in our issue of February 12th, described the method of work of the nurse employed by the Cleveland Hardware Company, U.S.A. The nurse attends the factory dispensary every morning, when she is open to consultation for any employee. Her services are also given to any member of the employee's family. Her work further includes a systematic investigation of the home of each employee. As will be gathered from the second part of the paper, published below, it is in her power to create a general feeling of co-operation between workman and foreman.]

The superintendent of one department has reported to the nurse that one of his valuable employees has not reported for work in the morning. He lives in one of the small suburbs of the city, and the nurse reports the following morning that he is subject to occasional stomach trouble, and it was an attack of this kind which kept him away from work. A subsequent report, however, reads in this way:—

"One lung is badly affected; he will have to go to the country, at least, for the summer. He has had to work since early boyhood, and now has a home almost paid for. The mortgage amounts to about 700 dollars, and it will require about 300 dollars to move to the country."

Inquiry at the bank which held the mortgage on this man's house resulted in the information that, while the man considered his house worth 2,500 dollars, the bank would not appraise it as worth any more than 1,500 dollars, and under these circumstances had loaned as much money as they cared to on it. There was no other way for the man to get 300 dollars, and it looked as if it was either a case of sacrificing his home or staying in the city, which the doctor claimed would be fatal. The result of all this investigation was, the Executive Committee of this Corporation was called together for a special meeting, and on the book of minutes, sandwiched in between resolutions that carried the expending of thousands of dollars, is one that shows the Executive Committee, one member of whom is a director in the bank spoken of, had decided to guarantee the bank against any loss by the additional loan of 300 dollars to this workman; and this winter the man has been reinstated in his position, seemingly very much improved in health.

"This man works in the mill, but has been

\* Contributed to the International Congress of Nurses, London, July, 1909, by the Cleveland Hardware Company.

out of work so much he has no money. The grocer has refused credit. He has been in this country only seven months, and has no relatives here. His landlady says he has only one suit of clothes."

Here is a memorandum taken from the general statement of the nurse on one of her visiting reports, which tells the story of a young man, eighteen years old, who has come to this country at the beginning of one of the worst financial panics it has ever had. There has been no accident, no sickness, and no one to notify the nurse or the company of trouble of any kind; but she has happened in on one of her home visits just as this young man has got to the end of his resources. It is one of those cases that so very often form the setting for a pathetic newspaper story, after the young man has either broken the laws of the country, or the laws of God by making away with himself. The following day the nurse's statement accompanied this note to the foreman of the rolling mill, from the Superintendent of the Company:—"The following is a copy of the report handed in by the nurse in connection with a visit to one of the mill employees. It is very evident this fellow should receive some amount of consideration; and while he is a young man and unmarried, still I understand he has not been in this country very long, and is making a hard effort to support himself. It is evident, too, from the report, he pays a certain amount for room rent, and then buys his own food supplies. I give this to you simply so you can use your own judgment in the matter, and I would suggest to make sure he is on when the mill is working, and, in case of a long shut down, it might be good policy to try to give him one or two days a week labouring." Filed with this report is an answer to the note, from the mill foreman, which reads: "I have looked this matter up, and find the boy is now working, and have arranged to have him assured of at least two days a week when we are idle."

This personal contact gives such a thorough insight into the lives of the members of the community. I was especially impressed with this in looking at the result of two visits which were made on the same day, one of them to the home of a Polish labourer, who, one would take for granted, was liable to suffer considerably during hard times. The nurse reported the man and his wife, four little boys, and three boarders in a four room suite. In this case I asked her to give me a definite report as to how much it cost these people to live, with this result:—

"They buy a pound of meat, get a loaf of bread each day, and occasionally potatoes,

rice, and coffee. They have a book, and each one buys separately and pays each pay day. Lodging, washing, and cooking cost them \$3.50 per month."

The other report came from the home of an employee that had been in the factory for some twenty years. He was one of the best paid men there, and I should have imagined he could withstand hard times for quite a while. However, this is the result in the nurse's statement:—

"The house is paid for, but taxes and water rent are due, and they do not know where the money is coming from. He has five children at home. Two are able and willing to work, but they cannot get it. He has two married daughters. All seemed well educated."

One can easily see here this man has brought his standard of living up to the point that, while his wages amount to more than double the price of the other man, with him, if he is to maintain this standard, which is very commendable indeed, it will be necessary for him to have steady work, and be given considerable preference in connection with it; while the other man, with even one or two days a week, will be able to very easily maintain the standard which he has created for himself.

"There is a little girl, eight years old, who has never been sent to school. They seem to know nothing about the public schools."

In this home investigation report, it shows one member of the community is entirely ignorant of the ways of his adopted country, and the little girl, already eight years old, has never been sent to school. Until this visit was made by the nurse, there had been no incident to call the attention of anyone to this child; and the probabilities are that, without it, she would have grown up without any of the advantages of an education.

This is one of the home investigation reports, and, as time goes on, it is expected in the office of the company there will be one of these reports for every one of its employees. You can see by this how thoroughly the interests of this family must centre in the institution, and it is very often the case. The report gives name, address, and nationality; age, whether married or single; apartments and amount of rent paid; household, who are the wage earners, and conditions of the home; and in the statement you will see, of the household consisting of himself, wife, and six months old baby, together with his sister, he and his sister are working at the factory now, and the wife worked there before she was married; and we confidently expect, when the six months old baby goes beyond the school age, she also will be employed.

## Association for the Promotion of the Registration of Nurses in Scotland.

The Annual Meeting of the Association for the Promotion of the Registration of Nurses in Scotland was held in Glasgow on Wednesday, March 2nd. To suit the convenience of the East of Scotland members, a corresponding meeting was held in Edinburgh on the following day. The programme was the same at both meetings, with some variation in the speakers.

Lord Inverclyde, the President of the Association, who presided at both meetings, said at that held in Edinburgh, on Thursday, March 3rd: "On the 27th of February, 1909, you did me the honour to allow me to preside over a very large and representative meeting, held in Glasgow, which was probably the largest and most representative gathering of nurses ever held in Scotland; that is how it impressed me.

At this meeting it was decided to form an Association for the Promotion of the Registration of Nurses in Scotland, and the objects of the Association were:—(1) To promote a system of registration of nurses. (2) To protect the interests of Scottish nurses, and to secure for Scotland such treatment as would enable it to obtain the fullest possible benefit from registration.

Of this Association you were good enough to elect me President, and a number of representative people as vice-presidents. The Executive Committee contains the Matrons of practically all the principal hospitals in Scotland, also the Superintendents, and representatives from their senior staff and Board of Management.

You may remember that before the meeting held on 27th February, 1909, a pamphlet was circulated giving a brief resumé on the whole question of the registration of nurses as it affected Scottish nurses, stating the reasons why the English Bills were not acceptable to Scottish nurses, and also giving the draft of a Bill embodying the main points for which the nurses in Scotland were contending.

In course of time I put myself in communication with Lord Amphill, who had previously been successful in passing a Bill through the House of Lords, which was not acceptable to us.

Lord Amphill welcomed my suggestions that the representatives of this Association should join in conference with other Associations to endeavour to arrive at a mutual under-

standing, and, if possible, to agree on the promulgation of a Bill which should meet with the approval of the various interests concerned.

These conferences have been held, and I think I may say with satisfactory results, misunderstandings have been cleared up and concessions have been made by all parties with the result I think I may say, the draft of a Bill has been agreed on which we who have the interests of this Association at heart can consider almost entirely satisfactory, and which carries out the objects I have already mentioned.

I want to take this opportunity of publicly stating how much we are indebted to Lord Amphill who presided at the conferences, for the fair and impartial manner he did his duty; and how much we owe to him for a general agreement being arrived at.

As I have said, the draft of the Bill has now been practically agreed on, but our difficulties are by no means over: we have got to get it passed through the two Houses of Parliament before it becomes law. With the House of Lords, I believe, there will not be much difficulty, but it is needless for me to enlarge on the present state of the House of Commons, the present usefulness of that body is very doubtful indeed. I am not one of those who clamour for legislation, quite the reverse; but there are useful pieces of legislation which I am afraid at the present time will have to wait until members of the House of Commons are not so full of the necessity of the preservation of their numerous parties, and instead will give thought to what is for the good and needs of their country. The Bill, however, was on Tuesday last introduced into the House of Commons by Mr. Munro Ferguson, and we can only trust that an opportunity will arise for its making progress.

Dr. D. J. Macintosh, M.V.O., the Hon. Secretary, gave in detail the history of the formation of the Association, and the various steps by which the above-mentioned satisfactory result had been reached. The Association had now, he said, on its list 1,785 nurse members. The medical men who had interested themselves in the question were not included in these figures. It had all along been recognised that this was a nurses' association. In reference to the Registration fee, Dr. Macintosh stated the Association was of opinion that, instead of five guineas, the maximum charge should be three guineas.

Dr. Allan Jamieson (President of the Royal College of Physicians), congratulating the Association on the progress made, moved, and Dr. Playfair (Vice-President of the Royal Col-



lege of Physicians) seconded, "that the meeting approve of the action of the Executive Committee, including the action of the Delegates to the various conferences."

Dr. McKenzie Johnston proposed, and Sir Alexander Simpson seconded, "that it be remitted to the Executive Committee to watch the progress of the united Bill, with a view to safeguarding the interests of Scottish nurses, and to securing that the Scottish Committee provided for in the Bill be of an adequately representative character."

Miss Gill, Lady Superintendent of Nurses, Edinburgh Royal Infirmary, moved a resolution setting forth that State Registration would be to the advantage of every nurse, and urging upon all nurses the desirability of joining the Association, and of helping on its interests by getting others to join, and thus proving that the nurses themselves were really behind the Bill. Miss Gill stated that the help which the Association had received from medical men was very great.

Miss Thomas (Matron of City Hospital) seconded the motion.

All the motions were unanimously adopted by those present.

The office bearers and Executive Committee were re-elected.

Dr. Affleck moved a vote of thanks to Lord Inverclyde for presiding at the meeting, and also for the very warm interest he had taken in the matter ever since the formation of the Association.

Tea was served at the close of the meeting, on the kind invitation of Dr. Affleck.

### Scottish Matrons' Association.

At a meeting held in Edinburgh on March 3rd, at which a large number of Matrons and Superintendents of Nurses were present, the Scottish Matrons' Association was formally constituted. Glasgow was well represented at the meeting, and there were present, beside the Edinburgh members, Matrons from Dumfries, Perth, Stirling, Leith, Falkirk, Airdrie, Hawick, Motherwell, Rothesay, Melrose, and Musselburgh. The Association starts with a membership of 87.

It was unanimously agreed that the name of the Association should be "The Scottish Matrons' Association." The objects of the Association and the rules were discussed and approved, and the officers for the year appointed. The officers appointed are as follows:

*President*.—Miss A. W. Gill, R.R.C., Edinburgh.

*Vice-Presidents*.—Miss Cowper, Superinten-

dent, Scottish Branch Q.V.J.N.I.; Miss Duff, Dundee; Miss Macnaughton, Aberdeen; Miss Melrose, Glasgow; Miss Gregory Smith, Glasgow.

*Council*.—Miss Wise, Edinburgh; Miss Gordon, Dumfries; Miss Philp, Inverness; and Miss Glendinning, Falkirk.

*Hon. Sec.*—Miss Graham, 15, Alva Street, Edinburgh.

*Hon. Treasurer*.—Miss Thomas, City Hospital, Edinburgh.

Owing to the distance of the various localities represented by the Association, it was considered advisable to have several Vice-Presidents.

Matrons desirous of joining the Association should apply to the Hon. Secretary, who will supply them with all information, and bring their names before the first general meeting of the Society for election.

### Progress of State Registration.

#### STATE REGISTRATION IN THE UNITED STATES

In continuation of the letters received by Miss L. L. Dock as to the effect of State Registration of Nurses in the United States, we publish this week one from the President of the Board of Nurse Examiners in New Hampshire.

#### NEW HAMPSHIRE.

Board of Nurse Examiners, State of New Hampshire.

MY DEAR MISS DOCK,—The time for granting a licence to a nurse without examination does not expire until March 7th, 1910; consequently the standard for the schools of the State has not been as yet definitely announced.

A list of the requirements for registration of hospitals has been sent to every hospital in the State having a training school. If these suggested requirements are adopted as the real standard, every hospital in the State will need to affiliate with some hospital outside of the State, in order to complete its course, and practically every hospital has signified its willingness to not only do that, but to arrange its course so as to come up to this standard that has been brought before them.

Three of the hospitals are now sending their nurses out of the State for experience that they cannot get in their own wards; one other has arranged to send its nurses outside the State as soon as the class is ready; and another hospital has added a diet kitchen, where the nurses can take their instruction.

To my mind, there is no doubt about the value of the Registration law. The outlook is very cheerful indeed in New Hampshire, and, as I am constantly reminding the members of the Board of Examiners, if any failure occurs it will not be because of the undesirability of the law, but because we have not spent enough time in carrying out its provisions.

Sincerely yours,

B. M. TRUESDELL, *President*.

## Lady Minto's Indian Nursing Association.

The Report for 1909 of Lady Minto's Indian Nursing Association is an excellent record of useful work, and the fact that the nurses have not been quite so busy this year is due to the satisfactory reason that there has been a general absence of serious illness amongst the European population.

The Hon. Secretary, Surgeon Lieut.-Colonel Crooke-Lawless, in his report, gives a typical instance of the way in which the nurses carry out the aims of the Association in carrying their skilled work to out-of-the-way places. Major Grant, Medical Adviser to His Highness the Maharajah of Jodhpur, wrote to the Hon. Secretary of the Rajputana Branch as follows:

"I wish to report the excellent services rendered by two of the nursing sisters of your branch (Misses Martin and Achard) while in attendance on an enteric case in this State. They were summoned by wire about the middle of December, and on arrival in Jodhpur, learned that their patient was lying ill in the desert, which necessitated their immediately undertaking a further journey of some hours by rail, and after that a ride of 32 miles on camels. That they accomplished this with the utmost cheerfulness, and it is only those who have had to do a similar journey who can fully understand the amount of fatigue that must have been endured. They remained for two months in the desert where no supplies could be obtained locally, and although the best that could be done in the circumstances was done for their comfort, needless to say it left a good deal to be desired. Their cheerful behaviour and devotion to duty impressed all who saw them."

The Hon. Secretary also reports that inoculation against enteric fever, which is now compulsory for all nurses going out, is done free of charge at the Pathological Laboratory of the Royal Medical College at Millbank, and the Association is much indebted to the Director-General of the Army Medical Service for this privilege. His report concludes: "I need hardly add that the supervision of the Association's work has been admirably carried out by Mrs. Davies, Chief Lady Superintendent. Her energy and whole-hearted devotion are beyond all praise."

Mrs. Davis's report reviews admirably and concisely the work of all the branches, and echoes the note of encouragement that has been the predominating and inspiring feature of the Association since its inauguration. The frontispiece of the report is a portrait of the Countess of Minto.

## International News.

A copy of the Reports of the International Council of Nurses in a handsome dark green binding, lettered in gold, have been forwarded by Miss L. L. Dock, the Hon. Secretary, to the Queen Dowager Sophia of Sweden. On the back are the words, "Reports of the International Council of Nurses," and on the cover, also in gold, "To her Majesty Sophia, Queen Dowager of Sweden, with the compliments of the Council." It will be remembered that Queen Sophia took an active interest in the International Congress of Nurses, held in London in July last, and in the Committee which organised the Swedish delegation.

## The Department of Nursing and Health, Teachers' College, U.S.A.

The *Teachers' College Bulletin* for February 26th, 1910, is entirely devoted to the Announcement of "The Department of Nursing and Health," under the heading, "School of Household Arts."

Courses are offered in four sections in this Department preparing for:—

1. Teaching and Supervision in Training Schools for Nurses.
2. General Administration in Training Schools and Hospitals.
3. Public Service as Teacher-Nurses, Visiting Nurses, and Board of Health Assistants.
4. Admission to Training Schools for Nurses (Preparatory Course).

This places on a permanent and stable basis the Department, hitherto called Hospital Economy, which the College, in co-operation with the American Society of Superintendents of Training Schools, has carried on for ten years.

## La Garde Malade Hospitalière.

We rejoice to hear of the continued and growing success of *La Garde Malade Hospitalière*, our spirited contemporary in Bordeaux. The Ministry of Public Instruction now subscribes for fifty copies, and has directed that one shall be sent to each of the "Lycée des Jeunes Filles" of France. The significance of this is that it is now considered desirable for nicely educated girls to have trained nursing brought to their notice as a possible career. This is most hopeful for the future of nursing in France, and we look forward to the time, not far distant, when French nursing will rank with the best, throughout the country, as it already does in the centres of progress.

## Practical Points.

### The Digestive Value of Pineapples.

The medical value of pineapples, says the *Spatula*, has recently been the subject of considerable inquiry among physicians, and in Hawaii experiments have been made to determine something of these properties. It has been found that the fruit of the pineapple contains a digestive principle closely resembling pepsin in its action, and to this is probably due the beneficial results of the use of the fruit in certain forms of dyspepsia. On the casein of milk pineapple juice acts as a digestive in almost the same manner as rennet, and the action is also well illustrated by placing a thin piece of uncooked beef between two slices of fresh pineapple, where in the course of a few hours its character is completely changed.

### Smoking and Eyesight.

In his report to the Directors of the Royal Victoria Eye Infirmary, Paisley, Dr. N. Gordon Cluckie calls attention to the abuse of the eyes by their excessive use in reading in bed. Referring to 152 cases of toxic amblyopia due to excessive use of tobacco, he points out that these working men were so saturated with nicotine that the visual nerve centres of the brain were affected, and defective vision caused to the extent of preventing them from earning their daily bread. It is the absorption of the nicotine and its poisonous effects that are to be guarded against. If the nerve of vision is not decayed, and the patient becomes a total tobacco abstainer, vision may be restored to its normal condition in a few months. In Dr. Cluckie's opinion there is as great need for Total Abstinence Societies for tobacco as for liquor.

### Treatment of a Case after Chloroform has been given.

When the patient returns to the ward, the hot water bottles and blankets are removed from the bed, and he is gently lifted on to the bed, the blankets and bottles replaced (a layer of blanket between the skin and bottle.) If necessary, a cage is placed over the wounded part and the bed-clothes put straight. Only one small pillow should be put under the head at first. The nurse must not leave the patient until he is out of the chloroform, as he will probably feel very sick. If patient vomits, the head must be slightly raised or turned on one side. Patient must be kept quiet, and nothing must be given by the mouth for a few hours except a little ice or soda water. After four hours, if there is no sickness, he may have a little milk and soda water. If there should be troublesome sickness, starvation may be tried as a means of controlling it, or sucking small pieces of ice or sipping very hot water may be tried. The part that has been operated on must be carefully examined from time to time to see that there is no swelling or hæmorrhage, or discharge through the dressing.

V. J.

## Appointments.

### MATRONS.

**Royal Surrey County Hospital, Guildford.**—Miss Jessie Millicent Jackson has been appointed Matron. She was trained at St. Bartholomew's Hospital, London, and has held the positions of Sister at the New Hospital for Women, Euston Road, Assistant Housekeeper in the Nurses' Home at St. Bartholomew's Hospital, Assistant Matron at Kensington Infirmary, and Assistant Matron at the Sussex County Hospital, Brighton.

**Tiverton Infirmary and Dispensary, Devon.**—Miss Lilian Lloyd has been appointed Matron. She was trained at the Jessop Hospital for Women, Sheffield, and the General Infirmary, Bolton, Lancashire; and has held the positions of Charge Nurse at the Park Hospital, Hither Green; Night Superintendent at the Royal Infirmary, Halifax; Night Superintendent at the Royal Chest Hospital, E.C.; and Matron of the Cottage Hospital, Malton, Yorkshire.

**Cottage Hospital, Oswestry.**—Miss Eleanor Jasper has been appointed Matron. She was trained at the Royal Infirmary, Bradford, where she won both the gold and the silver medals. She has also been Sister at the Hospital for Women and Children, Bristol, Superintendent Nurse at the Union Infirmary, Tedmorden, Nursing Sister in the Army Nursing Service Reserve, working at the Royal Herbert Hospital, Woolwich, as well as in South Africa, Night Sister at the Children's Infirmary, Liverpool, and Nurse Matron at the Cottage Hospital, Mold. Miss Jasper was recently appointed Matron Nurse at the Alnwick Infirmary, but did not take up the post.

### NURSE MATRON.

**Hendon Urban District Council Isolation Hospital, Renter's Lane, Hendon, N.W.**—Miss Annie Edmonds has been appointed Nurse Matron. She has held the positions of Second Assistant Nurse and Assistant Nurse at the Fountain Hospital, Tooting, under the Metropolitan Asylums Board; Sister at the City Hospital, Birmingham; and Matron of the Frimley Urban District Council Isolation Hospital.

### ASSISTANT MATRON.

**Samuel Lewis Seaside Convalescent Home, Walton-on-the-Naze.**—Miss Julia Arnold has been appointed Assistant Matron. She was trained at Claring Cross Hospital, in which institution she has held the position of Staff Nurse.

### SISTER

**General Hospital, Cheltenham.**—Miss Maud Shorto has been appointed Sister. She was trained at the East Suffolk Hospital, Ipswich, and has held the positions of Sister at the Hospital, Bridgewater; Night Sister at the East Suffolk Hospital, Ipswich; Theatre Sister and Night Superintendent at the Royal Infirmary, Hull, and Night Sister at the New Hospital for Women, Euston Road, N.W.

### ENQUIRY OFFICER.

**East London Hospital for Children, Shadwell, E.**—Miss Margaret Burrows has been appointed Enquiry Officer in the Out-patient Department. She was trained at the East London Hospital, and at Guy's Hospital, and has held the positions of Sister at the



East London Hospital, and of Sister-in-Charge at the Princess Mary Home, Bognor. She is at present Assistant Lady Superintendent at the East London Hospital, and will hold the post co-jointly with that of Enquiry Officer.

#### QUEEN ALEXANDRA'S ROYAL NAVAL NURSING SERVICE.

Miss Janet Curwen has been appointed a Nursing Sister in Queen Alexandra's Royal Naval Nursing Service (on probation).

Miss Elizabeth McKay has been appointed a Nursing Sister in Queen Alexandra's Royal Naval Nursing Service (on probation).

#### QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

The under-mentioned ladies to be Staff Nurses (provisionally): Miss Dorothy Turner (dated February 14th, 1910); Miss Mary McNaughtan (dated February 15th, 1910).

#### QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES

*Transfers and Appointments.*—Miss Elizabeth Burnett (as Senior Nurse), Miss May Cule (as Midwife), and Miss Margaret McLellan, to Pontypridd; Miss Frances Buckingham, to Pleasley; Miss May Haun, to Huddersfield, as Staff Midwife; Miss Norah Sherwood, to Markyate; Miss Clara Jackson, to Kenilworth (Maternity Branch); Miss Ellen Pemberton, to Woolton; Miss Emma Wherritt, to Stockton Heath; Miss Ethel Collins, to Westminster; Miss Kate Turner, to Oakworth; Miss Edith Webster, to Morley; Miss Louisa Tringham, to Crook; Miss Annie Houghton, to Wetherby; Miss Edith Symons, to Gloucester; Miss Sarah Jones, to Ruthin; Miss Sarah Roberts, to Barmouth; Miss Adelaide Hawtin, to Newbury (temporary).

#### ORDER OF ST. JOHN OF JERUSALEM.

The King has been pleased to sanction the appointments of the following ladies to the Order of the Hospital of St. John of Jerusalem in England:—As Ladies of Grace: Olga Lady Egerton, Emily Caroline Mrs. Papillon, the Right Hon. the Countess of Derby, Evelyn Elizabeth Mrs. W. D. James.

#### RESIGNATION.

Miss F. M. Phillips has resigned her position as Matron of the Grosvenor Hospital for Women, Vincent Square, Westminster, S.W., which she has held for the past 12 years, and the Committee has accepted her resignation with the greatest regret.

#### WEDDING BELLS

The marriage of Miss Harriet Hopkins with Mr. Harry Willoughby Lofts took place in London last week. Miss Hopkins, who was trained at East Lancashire Infirmary, Blackburn, has for the last three years been a member of the Registered Nurses' Society, and only recently resigned her position on the staff. She has the sincere good wishes of her colleagues and friends for her future happiness.

## Nursing Echoes.



Miss C. H. Keer (ex-Matron-in-Chief), Miss E. H. Becher (Matron-in-Chief), and Miss E. M. McCarthy (Principal Matron), Queen Alexandra's Imperial Military Nursing Service, had the honour of being received by the Queen on Friday, March 4th, at Buckingham Palace.

At a special meeting of the council of Queen Victoria's Jubilee Institute for Nurses, held on March 3rd, at the offices, 58, Victoria Street, S.W., Mr. George Franklin presiding in the absence of the chairman (Viscount Goschen), it was unanimously resolved, "That at the urgent request of the Countess of Dudley, on behalf of the Commonwealth of Australia, the General Superintendent of the Institute, Miss Hughes, be allowed six months' leave of absence to enable her to proceed to Australia to assist in the organisation in the Commonwealth of an Order of Nurses on the lines of the Queen's Jubilee nurses."

The Electrical and Actino-therapeutic Department at Guy's Hospital has this week changed its quarters from the top storey in the old surgical building to the ground floor of the same building, and occupies the place of the time-honoured "Front Surgery," which has been moved to the new building in Maze Pond. There are 5 cubicles for X-ray treatment, and one for the Finsen Rayn lamp. Rooms for radium, radiant heat, and electric baths, a room for a Wimshurst machine, and the large hall partially occupied by the Finsen lamp. Probationers usually remain on duty for three months in the "Light Department," and it has been arranged for them to have two courses of lectures during the three months from the medical staff of the department. Practical demonstrations are, of course, given daily by the Sister-in-charge. There are special facilities for nurses from other hospitals who wish to take this three months' course of special work. The old "Dressers' House" adjoining the Department has been adapted for Nurses' Quarters; it is now known as the "Light House," and Sister Light is in charge of the ten airy and bright rooms for nurses, which make such a pleasant "Dependence" to the Nurses' Home. Once more the top storey of the Surgical Building is deserted, but probably not for long. One



hears rumours of new operating rooms, and then one dreams of the "good old days" when the probationers were dwellers in those same attics, and little thought of all the changes which would take place there.

At the Quarterly Court of Governors of the London Hospital last week, the Chairman, the Hon. Sydney Holland, said it would interest the Governors to know that the Hospital sent private nurses to South Africa, San Remo, Malta, Brussels, Madeira, Japan, and several other places, a testimony to the value of their services.

The forty-third annual report of the Trained Nurses' Institution, Leicester, is a record of quiet and unostentatious work for the sick and suffering. The chief subject of regret is that no fewer than five of the staff have been ill during the year, some very seriously, and that there has been a proportionately heavy strain and drain on the sick fund. The committee of management and friends have, however, the satisfaction of knowing that the immense value of trained nursing is being increasingly realised, and it is being ever-increasingly utilised. The Leicester Trained Nurses' Institution has thus an ever-widening field of beneficent usefulness.

Speaking recently at the annual meeting of the Walsall Victoria Nursing Institution and the Leekie Memorial Home, at the Walsall Town Hall, the Chairman of the Institution, Councillor W. J. Pearman Smith, said that words from him could not adequately thank the Lady Superintendent, Miss Holloway, and the nurses for the work they did amongst the poor. Year by year they had evidence of that self-sacrificing work and devotion which they bestowed upon the cases that came under their care, and it was satisfactory to know that their services were appreciated by those whom they attended. They had received innumerable letters in which the nurses and Lady Superintendent were thanked for what they had done in this respect. One of their leading practitioners in the town spoke of the nurses and their work as being most satisfactory. He made reference to two special cases of pneumonia and one of typhoid fever where the work of their nurses contributed in a marked degree to the recovery in each case. A liberal response to the Chairman's appeal for increased subscriptions, which are badly needed, would most effectively demonstrate the townspeople's appreciation of the good work of the nurses.

It is interesting to learn that Wales has more

Queen's nurses in proportion to population than any other part of the Kingdom, and the Queen Victoria's Jubilee Institute has so far borne the whole expense of training Welsh-speaking nurses. Now the two associations recently formed one for the north, and one for the south, of the Principality, are actively engaged in raising money for the training of midwives and nurses, and are being assisted by the County Councils. The total amount collected so far is, however, much below that which is required to meet the needs of the present year.

On March 3rd, Miss de Lasalle, of Nottingham, gave the nurses of Stobhill Hospital, Glasgow, a most interesting address on foreign mission work. She pointed out the great necessity for trained nurses in India, where doctors are daily performing operations without the help of trained nurses. Not only would nurses be invaluable to the patients, but they could also teach the natives how to nurse their relatives in sickness.

Nurse Henry, who was trained at Stobhill Hospital, is doing mission work in India, and we are informed by the Matron, Miss Wright, "she writes the most interesting letters, full of hope, and this week she sent me a copy of the first *Nursing Journal of India*. That it may have all the success it deserves is, I am sure, the wish of all British nurses."

The members of the Ulster Branch of the Irish Nurses' Association spent a pleasant evening on Wednesday in last week when Dr. McLeish gave them an interesting lecture on the Nervous System. These lectures are always greatly enjoyed, and are both profitable and pleasurable.

We greatly regret to learn that Miss Georgiana C. Ross, Superintendent of Nurses at the Johns Hopkins Hospital, Baltimore, is obliged to take a complete rest from work. Miss Ross has been Superintendent of Nurses for several years, having succeeded Miss M. Adelaide Nutting, on her appointment as Professor of Household Administration at Columbia University, New York. Miss Ross's connection with the hospital dates back nearly twenty years, she having taken up the work of a trained nurse there immediately after her graduation from the Johns Hopkins Training School for Nurses.

The knowledge acquired during that time, added to her training at the school, has proved of invaluable service to the physicians and

nurses at the hospital and her illness is greatly regretted. During her administration Miss Ross has done excellent work, both in the school and hospital.

A most splendid new hospital has been built at Calgary, Alberta, Canada, and was opened recently with great expressions of satisfaction. Another good training school for nurses will thus be available, so necessary with the increased population in the Province.

A Calcutta correspondent, writing from the Professional Nurses' Club, in that city, says:—"It has only been in existence a few months, and is already recognised as a great help to medical men and nurses alike. The Hon. Superintendent and Treasurer, who is a trained nurse, and an ex-Matron of the Eden Hospital, does everything in her power to make the nurses comfortable, and never turns a nurse away, no matter how full the club is, and often puts a new comer into her own room till there is a vacancy and the nurse has been able to secure suitable accommodation, so that any nurse arriving in Calcutta can always be sure of a welcome at the club. As it is on the telephone, the doctors are glad to avail themselves of it to the full, and Mrs. Moore, the Secretary, has as much or more than she can do to comply with their requests. She has compiled a list of nurses, and as there are outside subscribers as well as resident ones, and Mrs. Moore keeps in touch with them all, you can tell how far-reaching her sphere of usefulness is. She is certainly the right person in the right place."

The question as to whether district nurses through their work among the poor are decreasing the free work at hospitals is, says the *International Hospital Record*, a debatable one. There is probably no question that a percentage of those cared for by these nurses would be applicants for hospital aid were it not for the treatments administered at their own homes, and to this extent free work at the hospitals is diminished. On the other hand, charity cases are being sent to the hospitals by the nurses who otherwise might not go, so there are two sides to the question.

### Special Registration Fund.

	£	s.	d.
Brought forward ... ..	37	6	8
Miss A. Henderson (Cape Town) ...	0	5	0
Mrs. Tennant ... ..	0	2	6
	37	14	2

## The Hospital World.

### THE HOSPITAL FOR INVALID GENTLEWOMEN.

The Hospital for Invalid Gentlewomen, until recently located at 90, Harley Street, W., must always have a unique interest, inasmuch as Miss Florence Nightingale, O.M., was its Superintendent for two years, and went out from it to take up her national work in the Crimea. Founded in Chandos Street in 1850, and afterwards removed to Harley Street, it has done good work there until the falling in of the lease compelled the Committee to seek other quarters, with the result that it was found necessary to build, and a convenient site was secured in Lisson Grove.

On Monday the new hospital, which, thanks to an anonymous donor of £5,000, is free of debt, was opened by H.R.H. the Princess of Wales, who was received by the President, Earl Waldegrave, the Lady President, Mrs. William Bridgeman, the Chairman of the Building Committee, Mr. William Bridgeman, M.P., and the Hon. Secretary, Mr. Hugh Parker. The Lady Superintendent, Miss Houghton, was also presented to the Princess.

Her Royal Highness, who was wearing a royal purple gown and coat, a black toque, and handsome furs, was presented by Master Maurice Bridgeman, who wore a suit of blue satin and lace, with a beautiful bouquet of roses, tied with salmon pink ribbon. The President briefly explained the objects of the hospital, and prayers were said by the chaplain, the Rev. C. E. Harris. Her Royal Highness then announcing the opening of the building in the following words:—

"I declare this building open in the name of the Father, and of the Son, and of the Holy Ghost. Amen."

At the conclusion of the opening ceremony, Her Royal Highness inspected the wards, which are sunny, bright, and comfortably furnished. It is testimony to the gratitude of patients who have been nursed in the hospital, that one of the private wards has been entirely furnished by them; very bright it looked, with its white Lawson Tait bedstead, dainty quilt, comfortable chair, and green and white crockery. All the crockery for the patients' use is green and white, both in the wards and that on which their meals are served, and the white lockers have green tiled tops.

The floors are laid with a composition material, the basis of which is sawdust and asbestos. When polished, they are of a pleasant brown colour, and by the side of each bed is a strip of green carpet. The walls are coloured in a soft shade of grey.

There are 31 beds in all, on two floors, one large ward on each floor containing eight beds, with a small ward leading out of it with two beds, and on one floor six, and on the other five, private rooms, each provided with an electric bell. The clocks throughout the building are electric, and there is also an electric lift. The patients can easily be wheeled on to the flat roofs adjoining the wards. On an upper floor is the up-to-date operating theatre, with north and south lights. On the north side are double windows, with hot water pipes between, and on the south the glass of the window is coloured blue to avoid a possible glare. The nurses' and maids' bedrooms are also at the top of the building.

The arrangement of the bathrooms is worthy of note. The porcelain baths are set out from the wall, and the material of which the floor is composed is raised into a pedestal in which the bath is set, so that it is easy to keep the room perfectly clean. All the radiators and pipes throughout the building are painted with aluminium paint.

The staff consists of the Lady Superintendent, ten nurses, eight maids, and one man.

When one descends to the kitchens, one finds them spick and span, and white tiled throughout. There is an open archway between the kitchen and its annexes, so that the cook can keep the work of her subordinates under observation. It is so arranged that the whole can be flushed out into the garden.

Over all the stoves is a sloping glass canopy, and the ventilation is so arranged that all steam and odours are conducted outside the building under these, so that no odours find their way into the wards.

The Lady Superintendent, Miss Houghton, received her training at St. George's Hospital, London, and afterwards held the position of Sister there, since which time she has been Matron of the Sevenoaks Hospital, Marlborough.

The hospital is designed to meet a real need in providing private hospital treatment for necessitous gentlewomen at fees much below those usually charged in a private nursing home, and medical practitioners attached to London hospitals give their gratuitous services.

We hope it has a useful and prosperous career before it in its new home.

The Ladies' Guild of the London Homœopathic Hospital, which has just held its Annual Meeting, does much useful work, including the collection of subscriptions, the support of beds, and the provision of clothes for destitute patients. The members also visit in the wards, and take up any other work decided upon.

## Reflections.

### FROM A BOARD ROOM MIRROR.

Sir Savile Crossley, who, as Hon. Secretary, presented the Draft Report of King Edward's Hospital Fund for London to the annual meeting, said that the amount distributed in 1909 was £150,000, being an increase of £10,000 over the sum distributed in 1908. For the first time, therefore, the sum mentioned by his present Majesty at the inauguration of the Fund has been attained. The Council desired to express their gratitude to all those whose contributions had made it possible to achieve this result.

Workmen are already preparing the site for the Barnato-Joel Memorial Institute, to be built on a site adjoining the Middlesex Hospital, as a memorial to the late Mr. Harry Barnato and his nephew, Mr. Woolf Joel. The cancer wards of the institute will contain at least 40 beds, which will bring up the number available for cancer patients to 57. Funds are available for the upkeep of the new beds, but the responsibility of the Committee of the Hospital for the upkeep of the present cancer wards remains the same.

At the Annual Court of Governors of the East London Hospital for Children, Shadwell, the Chairman, Col. Charles Needham, who moved the adoption of the report, and emphasised the unsatisfactory financial position, the fall in annual subscriptions being particularly regrettable, mentioned that the King's Hospital Fund insisted upon the appointment of an inquiry officer for the inspection of suspicious cases. Though the Governors did not think the appointment necessary, they had complied with the wishes of the fund, and had appointed the Assistant Matron to the post. The cost of the appointment would be £120 a year.

Mr. Harvey du Cros, in accepting the invitation to become the President of the Buchanan Hospital, St. Leonard's, for the ensuing year, said that he had just passed through a grave illness which he was hardly expected to survive. By God's blessing he did survive, and he knew what he owed to the medical men who attended him, and to those noble women who devoted their lives to nursing. It was good to feel that as hospital subscribers they were instrumental in admitting the poor to those privileges.

At the annual meeting of the Royal Isle of Wight County Hospital, held last week at the Guildhall, Newport, the 62nd Annual Report presented by the Rev. W. H. E. Welby, Chairman of Committee, stated that thanks to a munificent gift of £500 from an anonymous donor, and the desire of the Dr. Groves Memorial Committee to place their tribute to the doctor's memory within the walls of the Hospital, the Committee had been able to enter upon a scheme of perfecting the arrangements of the hospital by the provision of a new operating theatre, with anæsthetising, sterilising, and other rooms, the necessary funds for completing the work having been voted from invested capital.

## Professional Review.

### A MANUAL FOR MINOR SURGERY AND BANDAGING.

We have much pleasure in drawing the attention of our readers to the fourteenth edition of this valuable manual, which, formerly known as "Heath's," is now revised and in part re-written

by Mr. Bilton Pollard, F.R.C.S.

The picture of a surgeon's aseptic operating costume which we print on this page, by the kind permission of the publishers, Messrs. J. and A. Churchill, 7, Great Marlborough Street, W., shows the great advance in surgery since the first edition of the book was published in 1861. In connection with this illustration the author writes: "The aseptic costume of a surgeon is shown in the frontispiece, where, however, the surgeon's hand appears to be touching the margin of the bowl, on its way to pick up a piece of gauze. No surgeon properly trained in asepsis would do that."

The book is primarily intended for house surgeons and dressers, but it is a classic with a usefulness which extends far beyond the class for whom it was originally written. Nurses can gain much from its pages, while the clear and explicit instructions given as to the methods of applying bandages, and compressing arteries would be most useful to those who are studying these subjects in connection with Red Cross work.

One point we notice referred to in the Introduction is "the prevailing custom of constantly scrub-

bing the floors of wards with soap and water," but we do not think that at the present day many hospital wards have "scrubbed boards." The author says also that "the practice of polishing and dry-rubbing the floor, especially if made of teak, or some hard wood, is a great improvement, and is found to have a direct tendency to reduce the occurrence of wound infection."

We are glad to note that the author emphasises the importance not only of scrubbing the hands which come in contact with a wound, but of keeping them clean. He writes: "Everyone whose hands come into contact with a wound, or with the instruments, ligatures, sutures, etc., must exercise constant watchfulness over his hands. He must be careful to avoid contamination as much as possible, and should protect his hands with gloves when touching dirty things."

The method of cleansing the hands is then described in detail. Rubber gloves, the author holds, should be used much more frequently than they are as a means of protecting the hands from infection, and "the house-surgeon or dresser who is going to help at an aseptic operation in the afternoon should certainly use gloves for dressing septic cases in the morning."

The author describes in detail the various methods employed to sterilise catgut, but concludes: "Many surgeons, including the author, are sceptical as to the efficiency of all those methods of sterilisation, and are so impressed by the occasional occurrence of tetanus after its use that they are unwilling to use it under any circumstances."



A Surgeon's Aseptic Operating Costume.



The immediate and after treatment of burns and scalds on modern lines is described in detail, as also the three recognised methods of skin grafting, i.e., Thiersch's method, Reverdin's method, and Woolfe's method.

The application and preparation of various dressings, poultices, etc., are also dealt with. Indeed, the book is what its name implies, a very comprehensive handbook of instructions for dealing with all the minor accidents and ailments so common in the surgeries and outpatient departments of our hospitals. The many excellent illustrations incorporated in the work add to its clearness. The price is 7s. 6d. net, and it has an undoubted sphere of usefulness in connection with nurses' libraries.

#### "SCIENCE IN MODERN LIFE."

The fourth volume of this work has just been published. It contains surveys on "Botany," by Mr. J. M. F. Drummond, F.L.S.; "Zoology," by the Editor, Mr. Ainsworth Davis; and "Science and the Sea Fisheries," by Dr. Travis Jenkins. In the botanical section several beautifully coloured plates illustrate different species of Fungi and Algae. The work will be completed in the two following volumes, one of which will contain a survey of Physiology, Medicine, Surgery, and Hygiene. The idea of producing this work was a happy one, for all modern life is linked to science. The publishers are The Gresham Publishing Company.

E. A. S.

#### SURGERY OF THE LYMPHATIC SYSTEM.

Professor W. Sampson Handley, of the Middlesex Hospital Cancer Research Laboratories, lecturing on the Surgery of the Lymphatic System at the Royal College of Surgeons, London, observed that the subject of his lecture was rather neglected in the field of surgery, and expressed the opinion that cancer surgery is essentially a branch of lymphatic surgery, owing to the fact that the disease mainly spreads by growing along the lymphatic vessels. He gave an account of the favourable results of a method which he had introduced for treating the dropsical or swollen arm, which is a painful and frequent complication of breast cancer. In this operation silk threads, buried in the tissues, are used to replace the lymphatic vessels destroyed by the disease. In this way, unless subsequent effusion in the pleural cavity interferes with drainage, the sufferings of the patient, due to the swelling of the arm, are usually relieved during the rest of the patient's life.

#### THE "ALLENBURYS" DIET FOR ADULTS.

The "Allenburys" Diet, to the value of which we have much pleasure in calling attention, is a preparation of rich, pure, full-cream milk and whole wheat, and is partially predigested in the process of manufacture. Being easy of assimilation its use ensures complete nutrition where digestion is at fault, where it is desired to assist a normal digestion, or where a weakened economy requires reinforcement, as in elderly people. It is supplied by Messrs. Allen and Hanbury's, Ltd., Plough Court, Lombard Street, E.C.

### Outside the Gates.



The appointment by the Board of Trade of eleven ladies to be Supervising Officers of the Women's Department of the Labour Exchanges has given great satisfaction. Their duties will be to supervise, under

the divisional officers, the women registration clerks, to get into touch with women's organisations, to canvass employers of women, and to give advice on matters within their province. The ladies appointed, all of whom have had excellent experience fitting them for the work, are:—Miss J. J. Brown, B.A., of the Royal University of Ireland; Miss L. Griffith-Jones, who has supervised the employes of a large drapery house; Miss M. D. Jones, who has made a study of statistics of unemployment; Miss F. I. Knowles, M.A., of Dublin University; Miss M. B. Lewis, M.A., of Dublin University; Miss E. E. Page, member of the Local Education Authority, Norwich; Miss Gertrude E. Rochliffe, Senior Lady Sanitary Inspector, Newcastle-on-Tyne; Mrs. E. Ross, Health Visitor for the Corporation of Glasgow; Miss Sanday, who took the degree of B.Sc., with first-class honours in Botany, at London University; Miss E. M. Trent, member of the Society of Friends; and Miss L. M. Clapham, member of the Apprenticeship and Skilled Employment Association.

Petitions widely signed by electors in favour of a measure for the enfranchisement of women were presented in the House of Commons last week by Mr. J. Walton (Barnsley), Sir W. J. Crossley (Altrincham), and Mr. T. C. Taylor (Radcliffe, Lancs).

At the eighteenth annual conference of the Independent Labour Party, to be held in London on March 28th and 29th, the Dover Branch will propose the following resolution:—"That this Conference is of the opinion that the time has now arrived when the State maintenance of mothers and children should be made a permanent and integral part of our Socialistic programme."

Miss Helen Blagg, lecturing before the Eugenics Education Society on infant mortality, said that the total prohibition of the employment of married women would be impossible, and would lead to an increase of poverty, but legislation might be improved on the lines of Germany, Switzerland, or Spain. There should be total prohibition of employment for eight weeks before and after child-birth, and facilities for feeding the child would be a great gain.

The Mary Kingsley Medal of the Liverpool School of Tropical Medicine, which is presented to persons distinguished in research in tropical medicine and allied subjects, has been awarded to Professor G. H. F. Nuttall, F.R.S., Professor of Biology in the University of Cambridge.

## Book of the Week.

## THE QUESTION.\*

To be a "success" or not to be, that is the question.

If pretty Josephine, of ideals, had worried less about her lover "fulfilling himself," and delighted in his charming personality as it was, she would have been a well-advanced young woman.

Doubtless it was trying when she had spent a long night planning her answers to quite a number of things he might be expected to say, to be greeted with:

"Josephine, what a fearfully jolly teal! What are we waiting for, O my heart? Shan't I ring? Hurry up and make tea. I like you in a green dress, but it will suit you even better after tea. Don't spoil my appetite by being the least little bit stiff, darling. I will take a buttered scone. They almost always disagree with me, and then, with shooting pains everywhere I shall be more in tune with what you think is my positive duty as a reasoning human being.

This was, of course, trying for one who had lain awake all night, wrestling with the problems of existence; yet we confess our sympathies are with Rupert, who, in the cosy firelight, refuses to consider anything, but that he is young, with the woman he loves, and is desperately hungry.

Josephine chooses this moment to complain. It is so different talking to you, from thinking things over alone, your incorrigible levity—"Good word, incorrigible," breathed Rupert.

"Don't!" she said, very much as though he had struck her. "Rupert, don't!"

"I won't," he promised, very quickly and humbly. "I am a pig of the first water."

And then she unfolds to him the conditions on which she will accept him. He is to leave her free. She couldn't "marry the most spotless knight until his spurs were won."

"What am I to do to win my spurs? . . . I don't want 'em honestly. I'd much rather just marry you, and be cosy together, and eat huge teas, and talk rot. And play to you—of course, play to you. I am not forgetting that." He seemed to be speaking very lightly still, but underlying the light words, there rang in Josephine's ear a note of earnestness, of appeal.

But she sends him away. During his absence, there appears on the scene "the other one," the nephew of a neighbouring farmer, who, though not of her own class, is possessed of qualities, besides "magnetic Jewish eyes," which appeal to her far more strongly than anything in Rupert. The scene in which she meets him is the shepherd's hut, where the old man lies dying, is vividly drawn. Penuel Barton asks her:—

"Shall I tell you what I want?"

Josephine was by nature a fighter. "You must please yourself."

But Penuel was a fighter, too, and far cleverer

than she was. "It's your place to say if you will listen," he said.

The appalling waste of life and opportunity if she failed to reap this harvest, so ripe to her touch, overwhelmed her. "Please go on, then," she said.

"Listen, I want you, all of you. . . . Your love to the uttermost depths, your soul, as well as your body, your every thought, your every desire. . . . you." He paused for breathlessness.

Though she had not spoken, she was breathless, too.

"Ah!" she gasped.

"He took her in the close embrace of his strong arms and covered her face with his kisses.

"The raised, shocked, condemning voices of her world clamoured in her ears, and heroically she disregarded their cries. In an agony of pity she pressed her cheek, warm with his kisses, against his cool sleeve."

"O, I am sorry for you—sorry for you," she said.

One would have thought the inevitable parting with Rupert that follows would have been final, but his failure at the recital at which he hoped to win his musical "spurs," and the unfavourable criticisms which followed, gave Josephine her opportunity for making amends.

"You perfect darling," he whispered.

It is not quite satisfying this, and vaguely annoys us. But by all means read "The Question."

H. H.

## COMING EVENTS.

March 10th.—British Red Cross Society. Meeting to form a City of London branch, Sir F. Treves speaks, Mansion House, 4 p.m.

March 14th.—Annual Meeting, North London Nursing Association, King Edward Hall, Canonbury, the Mayor of Islington presiding, 8 p.m.

March 15th.—Kent County Nursing Association. Annual meeting. Grand Hotel, Charing Cross, London, W.C.

March 16th.—Meeting at the New Infirmary, Hendon, to inaugurate the Hendon Branch of the Central London Sick Asylum Nurses' League.

March 17th.—Meeting Central Midwives' Board, Caxton House, Westminster, S.W., 2.45 p.m.

March 18th.—London Society for Women's Suffrage. Reception by the Lady Frances Balfour and the Committee at the Great Central Hotel, Marylebone, 9—11.30 p.m.

March 18th.—Women's Social and Political Union. Demonstration at the Royal Albert Hall. Chair, Mrs. Pankhurst. 8 p.m.

March 18th.—Somerset County Nursing Association. Eighth Annual Meeting, Municipal Buildings, Taunton. Address by Miss Amy Hughes, General Superintendent, Queen Victoria's Jubilee Institute for Nurses, 3 p.m.

March 23rd.—Royal Infirmary, Edinburgh. Lecture on "Neurasthenia." By Dr. J. J. Graham Brown. Extra Mural Theatre. Nurses cordially invited. 4.30 p.m.

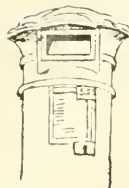
## WORD FOR THE WEEK.

"Any life that is worth living for must be a struggle, a swimming not *with*, but *against* the stream."

DEAN STANLEY.

\* By Parry Truscott (T. Werner Laurie, Clifford's Inn, W.C.)

## Letters to the Editor.



Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

### OUR GUINEA PRIZE.

To the Editor of "The British Journal of Nursing."

DEAR MADAM,—I beg to acknowledge a cheque for £1 ls. as the result of Puzzle Prize, for which I thank you.

Wishing your valuable paper every success.

Yours faithfully,

MAUD CRICHTON, Matron.

The Hospital, Louth, Lincolnshire.

### REGISTRATION FINANCE.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—I have read with great interest Miss Mollett's letter in your columns on the subject of Registration Finance. What is worth having is surely worth paying for, and it is only right and proper that all officials under the Registration Council should be fairly remunerated. It would be quite as reasonable to argue that all hospital workers—from the Matron downwards—should be voluntary workers, as that the whole machinery of registration should be kept in motion as a work of charity.

Miss Mollett remarks that English and Irish probationers are drawn from the middle classes.

In my hospital days, the same condition existed in Scotland, and I learn from several Matrons that those who now enter general hospitals belong to the same classes. Why all this unseemly outcry about the hardships of poor nurses?

It would be interesting to know how much has been subscribed by nurses to other objects than charitable ones during the past year!

Scotch probationers receive salaries, and I have heard many nurses remark that they could save more—in proportion—while "pros" than afterwards when in receipt of good salaries. Again, consider the number of nurses who on the completion of general training go in for midwifery, not with the view of practising as midwives, but simply for the purpose of adding to their qualifications. Many women without any training go in for midwifery for the purpose of making a living as monthly nurses. These women are usually older than trained nurses who enter maternity hospitals, and many of them have others depending upon them for their bread. When the bare fees and hospital board come to £15 15s.—a common figure—we may safely add £5 to £7 more for examination, books, appliances, and railway expenses. Yet we never hear a grumble from these women, and we certainly never hear of any attempt to make things easier for them.

To my mind this cry about £5 for examination and registration is one of the most feeble arguments which has been brought forward. There are exceptions to every rule, but we cannot mould things to meet the exceptions; we should work to meet the rules.

In Scotland, a favourite form of memorial is a hursary bearing the name of the person whose good deeds are to be commemorated and handed down to posterity. Judging from the extreme interest which has been taken in the condition of nurses' pockets it is only reasonable that nurses should look forward to seeing many of these useful helps—bearing well-known names—in full operation.

I am, dear Madam,

Yours faithfully,

E. A. STEVENSON.

## Comments and Replies.

*Correspondent, Clackmannan.*—If the bedding and blankets are thoroughly stoved, and the latter subsequently washed, there should be no risk in using them again, only it is important to be certain that the stoving really is efficient. It is on record that a medical man, doubtful as to the efficiency of a certain system of stoving, sent a coat to be baked with an egg in one of the pockets, and when the coat was returned to him the consistency of the egg was found to be unchanged. Free exposure to fresh air is also desirable.

*District Nurse.*—"The Dogs' Medical Dictionary," published by Routledge and Co., price 5s., will give you full information as to the ailments of dogs. We can hear of no similar book relating to cats, but the Matron of the Animals' Hospital says "Treat them as you would children."

## Notices.

### RULES FOR PRIZE COMPETITIONS SOMETHING ABOUT OLD SISTERS.

We offer a prize of £1 ls. for the best paper of reminiscences entitled "Something About Old Sisters." The paper must deal with Sisters or Head Nurses in charge of wards before 1885—women who acquired their knowledge and skill by personal application rather than as the result of systematic instruction. The papers for this competition must not exceed 1,400 words, and must reach the Editor at 20, Upper Wimpole Street, Cavendish Square, London, W., on or before Saturday, March 12th, 1910.

### THE PRETTIEST PATIENT.

We also offer a prize of 10s. for a photograph and description of "The Prettiest Patient," which must reach the Editor at 20, Upper Wimpole Street, Cavendish Square, London, W., on or before Saturday, March 19th, 1910.

The decision of the Editor in each case will be final.

### OUR PUZZLE PRIZE.

Rules for competing for the Pictorial Puzzle Prize will be found on Advertisement page xii.

# The Midwife.

## The Central Midwives' Board.

### LIST OF SUCCESSFUL CANDIDATES.

#### FEBRUARY EXAMINATION.

At the examination of the Central Midwives' Board, held on February 15th, in London, Provincial, and Welsh centres, 574 candidates were examined, and 474 passed, the percentage of failures was 17.4.

#### LONDON.

*British Lying-in Hospital.*—M. J. Couper, M. A. Craig, L. M. De Basagoiti, S. J. Hitchcock, J. A. M. Jackson, F. E. Penkivil.

*City of London Lying-in Hospital.*—B. L. Brightwell, E. M. Donaldson, E. Griffiths, V. D. Hollick, M. Kaye, M. E. Kendall, M. W. Lindsay, E. Littlewood, R. E. C. Parkin, K. Robinson, S. Stanesby, K. E. Stone, M. J. Weston.

*Clapham Maternity Hospital.*—S. E. Barmby, E. Benjamin, H. C. Campbell, F. J. Gamble, D. G. Jackson, M. H. Lindsay, E. C. Miller, C. Pickup, M. Ray, R. L. Seudamore, A. M. Wehley.

*East End Mothers' Home.*—L. A. Brooker, B. E. Chantler, M. E. Conway, A. Fox, L. Harvey, S. W. Midgelow, C. White.

*General Lying-in Hospital.*—M. H. Ballance, E. A. Birch, A. A. B. Brown, I. V. Burningham, S. A. Cheeseman, M. A. M. Coaker, G. M. Davidge, H. Deas, E. R. Draper, J. M. M. Henderson, L. Homewood, L. M. Jefferys, A. Jones, A. M. Keen, R. Lambert, A. Lingen-Burton, G. Loog, A. S. Orr, N. Rogers, E. M. Tunbridge, G. E. Turner, H. J. Tyrell, A. Varlow, E. A. L. Velvin, M. C. D. Walters, A. Wherry, J. M. Wiley, N. Wiley, C. G. Wilkinson, E. S. Williams.

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*Middlesex Hospital.*—F. E. Child, K. Lander.

*New Hospital for Women.*—P. G. Frere, E. Henry, K. Lowe.

*"Regions Beyond" Missionary Union.*—N. Raine, E. Whitehead.

*Queen Charlotte's Hospital.*—F. Baker, G. Baker, F. H. Callaway, E. Havill, C. A. Hodson, F. M. Howell, E. A. McCormick, L. Merryweather, A. Wareing, E. M. M. Watson.

*Salvation Army Maternity Hospital.*—A. Armgill, E. Anderson, E. F. Bartlett, M. Brooks, A. Prosser, M. M. Stroud.

*Shoreditch Union Infirmary.*—G. Ennis, R. E. Hendry, E. F. Leahy, F. Reade, E. E. Tibbles.

*Whitechapel Union Infirmary.*—E. M. Long, M. G. Souster.

*Woolwich Home for Mothers and Babies.*—A. M. Acton.

#### PROVINCIAL.

*Aldershot, Louise Margaret Hospital.*—M. Elsdon, J. Pattison, A. S. Tether.

*Birkenhead Maternity Hospital.*—I. Baguley, M. J. Bryan, E. Edwards, L. C. L. Heward, W. Kennett, E. Williams.

*Birmingham, Aston Union Workhouse.*—F. E. Dunn, M. E. Faulkner, M. A. Mole, E. Naish.

*Birmingham, King's Norton Union Infirmary.*—K. Bach, E. Wotherspoon.

*Birmingham Maternity Hospital.*—K. C. Appleby, S. S. Bennett, K. Bird, H. L. Bunting, N. J. K. Hall, F. Hawkes, H. Haycock, A. Houghton, E. Lovell, M. F. Reid, F. A. Smith, S. K. Teague, S. A. Young.

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*Brighton and Hove Hospital for Women.*—M. E. Broad, E. V. O. Gascoigne, M. Lamb, E. A. Musson, K. C. Roberts, F. M. T. Sherwood, A. Winter, M. F. F. Woolley.

*Bristol General Hospital.*—M. M. Comer, E. G. Jenkins, M. L. Rouse, C. E. P. Smith, E. J. Tilley.

*Bristol Royal Infirmary.*—E. E. Blunsdon, R. M. Gravett, B. Hughes, M. E. Nickson, M. Taylor.

*Chatham Military Families Hospital.*—E. Kelly.

*Cheltenham District Nursing Association.*—M. Cule, J. Davies, F. Fry, R. E. Steel.

*Chester Benevolent Institution.*—L. Bolland, G. Davies, M. Dutton, S. A. G. Lett, A. M. Todd.

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*Essex County Cottage Nursing Society.*—K. E. Parker, A. M. Sayzland.

*Gloucester District Nursing Society.*—M. Hann, G. E. Moore, E. M. Terrill.

*Hull Lying-in Charity.*—E. K. Hadaway.

*Ipswich Nurses' Home.*—C. M. Bacon.

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*Manchester, Chorlton Union Hospitals.*—A. M. Flynn, A. Sutton, C. A. Walker.

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*Nottingham Workhouse Infirmary.*—K. O'Donnell.

*Plaistow Maternity Charity.*—M. E. H. Barr-Hamilton, L. L. Bateman, S. J. Chadwick, E. M. Child, F. A. Cleall, W. A. Conway, E. A. V. Cooper, M. T. Cracroft, A. R. Eade, A. Evans, S. Franks, M. E. Griffiths, E. K. Houghton, G. Jackman, E. Johnson, K. Neale, M. L. Pierce, E. J. Plumb, H. K. Robinson, L. Rushworth, N. Scott, T. Spalding, M. A. Stagg, J. A. Tutt.

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*Windsor, H.R.H. Princess Christian's Maternity Home.*—L. C. Searle, A. A. S. Taylor.

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## National Association of Midwives.

An interesting meeting convened by the National Association of Midwives, 9, Albert Square, Manchester, was held at the Caxton Hall, Westminster, on Saturday last. Mrs. Lawson, the President, who was in the chair, spoke of the urgent need of organisation amongst midwives.

Mrs. Eddie, Financial Secretary, explained the aims of the Association, and said that its members did not object to rules and laws, but wished for a say in their making, through a direct representative on the Central Midwives' Board. Midwives knew where the shoe pinched, and where the rules might be even more stringent. They wanted the right to live, and to raise the standard of education. They were not "out" with the object of becoming millionaires, but to make their position firm, that babies might be healthier and midwives better trained.

In the discussion which followed, Mrs. Lightbourne, of Blackburn, Miss Thompson, Miss Alice Gregory, Mrs. Parnell, Mrs. Glanville, Miss Elsie Hall, Miss Breay, and others, took part. Members of the Midwives' Institute present considered that body should satisfy all legitimate needs, but the Chairman expressed the opinion that it did "not fill the bill."

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## Editorial.

### A QUESTION OF HONOUR.

There is an inherent tendency in everyone to talk of the things in which he or she is absorbed. Within limits this is good. People are usually at their best when talking of their hobbies, because these are subjects on which they are well informed and can give interesting information. But the person who can talk of nothing but his speciality is a bore, and this is one reason why from time to time the charge is made against many nurses that they talk nothing but "shop," a charge which just recently has been levelled at them in a morning paper.

The nurse against whom such a charge is a true bill offends in more ways than one. First and foremost she is wanting in the honour and reticence which should be her strongest characteristics, for "shop" usually takes the form of relating spicy details in connection with cases which she attended. What would be thought of a medical practitioner who went from one patient to another relating details—racy, gruesome, or intimate—which have come to his knowledge solely through his professional attendance on the case? To their credit, the medical profession seldom offend in this way.

The nurse is not always so discreet. Of course, her temptation to offend is much greater than that of the doctor. He visits the patient perhaps for a quarter of an hour, a considerable part of which is taken up with his professional duties, a few pleasant commonplaces, and he is out of the house and on his way to another case. The private nurse is with the patient continuously. She has, if he is in the convalescent stage, to keep him happy and entertained. She

draws on her store of knowledge for this purpose, and the chances are that if she does not draw on her nursing experiences she draws a blank, for the average nurse is not well read, has not travelled much, and her experience of life is very ordinary. So the "interesting case" is brought out, on which she can talk fluently enough, and if she keeps off horrors the patient may be interested and amused until it occurs to him that, just as she is describing her last case for his benefit, so she may dilate on him to the next—then the position does not seem so amusing, for the foibles and weaknesses of a patient are revealed to a nurse as to few other people; she sees him without the armour in which he confronts the world, and it is just for this reason that any woman of honour—even if she is not a nurse pledged to reticence by the unwritten law of her profession—will keep silence.

Another very real temptation to nurses is when they leave a case and return to the Home—where other nurses also live—to discuss with them the details of their cases, so that the Home is a kind of clearing-house of information. There can be no justification for this habit, and nurses should rigorously set their faces against it. No information as to what has passed in the sick-room from which they have come, or of the nature of the illness from which the patient whom they have been attending has suffered, should be communicated by them to other nurses, and so to the general public. It is an offence against their professional honour.

The devotion and the self-sacrifice of nurses are unquestioned, they are pillars of strength in times of acute illness and emergency; the more the pity, therefore, when minor failings mar their value.

## Medical Matters.

### THE MORAL TREATMENT OF DISORDERED NERVES.

An interesting little book on "Nervousness," by Dr. A. T. Schofield, M.R.C.S., should be studied by nurses, as far too little is known and understood in regard to this distressing affection. We quote below two sections of this work which will give an insight into its scope, and we hope induce our readers to study it at length.

#### MENTAL CAUSES OF NERVE DISEASE.

The predisposing cause to nerve trouble is principally a nervous diathesis or disposition. People are born nervous; that is, they are born with the nervous system unduly prominent, less under control, less orderly in its action than in other people. No doubt a highly developed nervous system *with adequate control* is the best type for man or woman; but without this control he or she joins sooner or later the ranks of nerve sufferers. The great predisposing cause is therefore heredity; but (and this may be noted as important), if the family history only reveals nervous troubles in other members as distinguished from loss of mind in any form, the invalid, however severe his symptoms and great his sufferings, is not likely to cross the border-line of sanity to the other side.

The exciting causes may be mental or physical.

The leading *mental* cause of nervous disease is worry, first and foremost, rather than work. Properly regulated brain-work no more leads to nerve disease than hard manual labour leads to disease of the muscles. Indeed, it is so far from injuring the nerves that it is one of the greatest sources of their strength, and one of the strongest safeguards against neurasthenia. Worry, however, is an unmitigated evil; it is a most vicious habit, doing good to none, but invariably damaging more or less the nervous system of the one who gives way to it. This must be due to the constant cross-currents of thought that eddy backwards and forwards in the brain, and to real fatigue and difficulty in finding the resultant that shall issue in action from among a number of conflicting forces.

Next to worry as a cause of nerve disease, or perhaps bracketed with it, we should be inclined to place sudden mental idleness, such as schoolgirls experience when all at once transformed at the close of the last school term into "young ladies." The change from working every day through a long time-table to the peaceful occupation of arranging the flowers in the drawing-room for half an hour daily, has a

very marked effect on some natures, and they readily become a prey to nerve disorders from the abrupt cessation of brain work.

Long-continued strain from any reason is another cause, and so is overwork of all sorts, especially if combined with underfeeding, as is so common in the poorer classes. Bad mental surroundings, such as association with other nerve sufferers or anxious or fractious parents, are other agents; and there are many more.

#### PHYSICAL CAUSES OF NERVE DISEASE.

Turning to the *physical* causes, which, however, generally act in conjunction with mental, we would first place general ill-health, especially if dyspepsia be present; too much physical work is seldom a cause, but too little exercise frequently is. Sudden change of surroundings of any sort frequently develops nervous disease. Shock arising from accidents, bad news, etc., is a cause; so is extreme grief or extreme joy.

Now, nervous people are the very salt of the earth, and the leading men in every profession are drawn from their ranks. They are men with brains that thrill, that feel, that are quick in action, firm, clear, and of high organisation. It is the nervous men that rule the world, not lymphatic vegetables. Listen to an impartial sketch of the type:—

"The skin is dark, earthy, pale, or may be of any shade, and is often hot and dry. The skull is large in proportion to the face; muscles spare, features small, eyes quick, large, lustrous; circulation capricious, veins large. Face characterised by energy and intensity of thought and feeling; movements hasty, often abrupt and violent, or else languid. Hands and feet small, frame slight and delicate. Require little sleep. Prone to all nervous diseases. Always seem to be able to do more than they are doing. The character may be, on the one side, admirable for its powers of mind and insight, for its lofty imagination; while, on the other, it may be disfigured by impetuous and unruly passions. To this class belong the most intellectual of the race—the wittiest, the cleverest of mankind. These are the poets, the men of letters, the students, the professors, or the statesmen. Their great dangers consist in uncontrollable passions. *They feel pain acutely.* Nevertheless, they can endure long fatigue and privation better than the sanguine. They form the leaders of mankind. Amongst women there are delicacy of organisation, quickness of imagination, and fervour of emotion; but they are beset with danger, from want of control of their great powers."

The book is published by William Rider and Son, Ltd., 164, Aldersgate Street, E.C.

## Clinical Notes on Some Common Ailments.

By A. KNIVETT GORDON, M.B. (Cantab.).

(Concluded from page 204.)

When inflammation attacks the respiratory organs, the signs vary according to its extent and its intensity, an intense affection being not necessarily extensive, nor an extensive lesion intense. Thus, when the nose only is affected, we have at first the feeling of heat and pain, with swelling of the lining membrane, and when the secretion commences, there is a running from the nose—in fact, a common cold. When the inflammation spreads lower down (which, of course, does not always happen), and the bronchi are involved, we get bronchitis, and if there is a further extension to the alveoli, we have pneumonia or inflammation of the lungs. We need not now consider the common cold, but we will dwell a little, firstly on bronchitis, and in the next paper pneumonia will be dealt with.

Bronchitis practically always begins with a cold in the head, and the first sign that this has extended downwards is to be found in the presence of a cough, which is nothing more or less than a forcible expiration with the larynx, or voice box, closed, and its object is to expel secretion from the bronchial tubes, where it would otherwise lodge.

At first this cough is frequent and shallow, or tickling, as we say, but later on, as the secretion becomes more profuse, it is easier and deeper, and accompanied by the ejection of the secretion, which in children is swallowed and in adults spat out. If the attack is very acute, and especially in children, there may be a slight rise of temperature at first.

So long as the inflammation is confined to the larger tubes we have nothing more serious than the discomfort engendered by the coughing, and the act of breathing is not interfered with, because there is plenty of room in the large tubes both for air and secretion, but if the inflammation extends to the smaller tubes, we have a different state of things altogether, because there is no longer room for both air and secretion, so that if the latter is not expelled, air cannot pass through the small tubes into the alveoli, and the patient dies of suffocation, being in fact drowned in his own secretions. However uncomfortable, therefore, the cough may be, we must look upon its presence as an advantage, and the more vigorous it is, within limits, the happier the nurse should feel about the safety of her patient.

The first sign of danger, then, is to be found in the diminution in the force of the cough,

and this is soon followed by the next sign—namely, cyanosis, or blueness of the lips and ears, which is obviously due to the fact that the blood is not getting its proper supply of oxygen. Along with this, we have extreme distress as the patient tries to force air into his lungs by using all the muscles of his chest and neck. He is restless, and cannot lie down, but has to be propped up in bed with pillows. At this stage the patient may either die from an insufficient supply of air, or his strength may hold out until the inflammation begins to abate, and he then coughs up large quantities of secretion and recovers. If he dies, he succumbs painlessly and apparently sleeps, and the relatives will think that he is getting better, but so long as the lips are blue, the sleep must be regarded as a sign of danger, not of hope.

On listening to the chest, preferably behind over the lowest part of the lungs, we can hear (usually without a stethoscope) two kinds of abnormal sounds with each respiration; these are rhonchi, or snoring sounds, which are due to the air passing through tubes that are narrowed by inflammation, and râles, or bubbling sounds, which are caused by the air making its way through the fluid secretion in the smaller tubes.

The outlook is determined mainly by two factors—the presence or absence of cyanosis and the extent to which the patient's strength is being maintained, this latter being estimated roughly by the force of the cough and the rapidity of the pulse—**quickening of the pulse** being a sign of danger—and more accurately by the careful examination of the heart, which is always made by the physician. Babies and old people bear bronchitis badly.

The treatment of an attack of bronchitis resolves itself into attending to the following points:—Firstly, in the beginning, when the tubes are hot and painful, we have to soothe the lining membrane and encourage it to secrete. The best way to do this is to let the patient breathe air saturated with steam, which is perhaps the most comforting thing we can give. In adults this can be effected by means of an inhaler (which can easily be extemporised from a jug of boiling water and a folded towel), because by this way the steam is confined to the patient's lungs, and does not also saturate his clothing and the walls of the room. As a general rule, therefore, unless a patient can be taught to use an inhaler—and even small children usually can if they are encouraged to think of it as a game and not as an invention of the man with the black bag—it is best not to use steam at all, except in the case of babies with bad attacks, when we have



to chance the harm arising from the saturation of the clothing, and moisten the air of the room with steam from a kettle. In unskilled hands a kettle usually does more harm than good. Sometimes the steam in the inhaler is medicated with sedative drugs, but the main factor is the warmth and moisture of the steam itself.

Next, when secretion has been established, we want to liquefy it as far as possible, and stimulate the power of coughing. For this purpose we use such drugs as chloride of ammonium, which has mainly a liquefying action, carbonate of ammonium and ipecachuana wine, which also strengthen the power of cough. Many other drugs are also employed, but the object is the same. Lately a tendency has arisen to belittle the efficacy of drugs given by the mouth in pulmonary affections, partly, no doubt, on account of the many "elegant" but quite useless preparations which the enterprising chemists have so freely distributed of late, but there can be no doubt that drugs properly used have turned the scale in the patient's favour in very many cases of bronchitis.

Thirdly, if cyanosis appears, we want to ensure that the little air that passes to the patient's alveoli shall be as useful to the blood as possible, and we therefore add pure oxygen. We do this by letting him breathe the gas through a tube connected with a cylinder containing the gas.

In addition to these measures, we often find that hot poultices or fomentations applied to the back of the chest give the patient much relief, but unless these are applied—and constantly changed—by a skilled nurse they do much more harm than good. Rubbing the back with an irritating liniment is free from the drawbacks of wet applications and—in small children especially—is often very efficacious. In fact, the vigorous maternal application of camphorated oil, at the mention of which the nose of the modern nurse is apt to become somewhat upturned, is not without its advantage to a bronchitic baby.

Then, when the heart shows signs of failing, we use stimulants such as alcohol, or cardiac tonics such as strychnine and digitalis.

So far, we have spoken only of an acute attack, but this does not always clear up completely, and we get what is known as chronic bronchitis, where the patient suffers from a perpetual cough, which may be either dry and irritating, or deep and accompanied by profuse expectoration, but inasmuch as the sufferer from this complaint only comes under the care of the nurse when he has an acute attack on

the top of his chronic trouble, we need not dwell on this type now.

From the foregoing remarks it might, perhaps, appear that the treatment of a case of bronchitis, as far as the nurse is concerned, resolves itself mainly into administering the drugs prescribed by the physician, but, as a matter of fact, the issue of the battle is very often decided mainly by the nursing. Something has to be done almost every minute; now a little nourishment has to be given, now a change of position has to be made to ease the restlessness, or even to enable the patient to get rid of accumulated secretion. Often a life can be saved in the case of cyanosed children by holding them up by the heels so that the mucus can run out by itself, or a failing heart can be resuscitated by holding a hot sponge over it. Then there is the indescribably soothing effect which the ministrations of a well-trained nurse have, not only on the patient, but also on the anxious relatives. All these count for very much in deciding the ultimate issue of the case, though they cannot be described on paper or learnt from a text book.

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## The Flushing of Enteric Fever Patients.

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The Budapest correspondent of the *Lancet* has sent to that journal an account of a paper read by Dr. Mayer on Water Drinking as a Treatment for Typhoid Fever. He said that medical men have for long recognised the value of the free administration of water in this disease, and it is common to ask the patient to drink at least one litre in the day. He has recently, however, made an interesting trial of the effects of giving greatly increased quantities of water during the course of typhoid fever. By the regular administration of about five ounces of water every 15 minutes during waking hours (as first suggested by Dr. H. Cushing in America) he was able to give each patient from 8 to 14 pints of water per day, in addition to about 3 pints of other fluid, which usually consisted of milk and albumin water, the water used being filtered river water. The apparently enormous quantities of fluid were taken with ease. Under this system Dr. Mayer says that headache is much less common; the general comfort of the patients is increased; the tongue and mouth remain clean, and nausea is unusual. Restlessness, sleeplessness, and delirium cause less trouble. He considers the system worthy of a wider trial.

## The Passing of Miss Isla Stewart.

On Thursday, March 10th, with every tribute of affection and respect, Miss Isla Stewart, Matron of St. Bartholomew's Hospital, was laid to rest.

### AT CHILWORTH.

As we briefly stated last week, the end came at Chilworth, Surrey, on Sunday, March 6th, where, with her friend, Mrs. Bedford Fenwick, she had gone for a short rest. They left town on the previous Thursday, and on Saturday a very happy letter was received at the hospital from Miss Stewart, but on Saturday morning she was not well, and the local doctor was summoned. In the afternoon Mrs. Fenwick telegraphed to St. Bartholomew's for a nurse, Miss Stewart herself naming Miss L. M. Low, Night Superintendent, as the one to be sent. By a later train, in response to another telegram, Miss Janet Stewart, her sister, accompanied by Dr. Horder, who has recently been attending her, and Miss E. Nicholson, Superintendent of the Nurses' Home, arrived at Chilworth, and on Sunday, Miss Cutler, the Assistant Matron, went down also. Everything possible was done for her, but nothing availed, and she passed to her rest on Sunday at 8.15 p.m. It was surely an ideal end—the end she herself would have wished—in harness till the last, and then two golden days in the peace and loveliness of the country, spent with the friend with whom she had been associated in her public work, for over twenty years of close comradeship and affection, and attended in her last hours by a member of the staff of the hospital she had served so faithfully, and nursed with affectionate devotion by those who owed their skill to her teaching and training.

### AT THE HOSPITAL.

On the Monday evening, accompanied by Miss Borthwick (Sister Lawrence), and Miss Nicholson, the remains of their beloved Matron were brought back to the hospital, and were received at the Smithfield entrance by the Sisters, the flag which floats over the hospital as a mark of its Royal foundation drooping sorrowfully at half-mast. Then as the body was carried into the mortuary chapel, beautified by loving hands with fragrant Madonna lilies, the Sisters, with Lady Hampden Smith, a former Sister and intimate friend, formed in procession, and followed it into the mortuary chapel, where a short service was held, conducted by the hospitaler, the Rev. H. S. Close, and the Rev. Dr. Lewthwaite, Vicar of St. Paul's, Clerkenwell. So she came back to the hospital, to rest for awhile in charge of the Sisters

and nurses who loved her well, and who were keenly conscious of many kindnesses and gracious actions towards them on the part of the Matron who took so real an interest in their personal and professional welfare.

On the Tuesday the mortuary chapel was in charge of Miss Birch, House Sister, who is usually responsible for it, and of Sister Martha, who ordinarily undertakes to supply and arrange the flowers, and on the Wednesday the Sisters were on duty in rotation for half-an-hour at a time.

### THE CHAMBER OF PEACE.

Throughout Wednesday many reverent feet trod the steps leading to the quiet sanctuary. Sisters, nurses, members of the League of St. Bartholomew's Hospital Nurses, maids from the wards, and the Home, and members of the civil staff, all came to visit the place where the mortal remains of their Matron lay enshrined. And surely something of its peace and beauty stole into the hearts which were sore for her, and brought a sense of comfort and rest.

The casket, of plain unpolished oak, with a brass plate inscribed "Isla Stewart," and the dates of her birth and death, lay in simple dignity before the altar with its pure white lilies, and on it, or near by, rested the flowers sent by those who were closest to her. The cross sent by the Nursing Staff of the hospital, composed of orchids, lilies of the valley, and white heather, nearly covered it. It bore the inscription, in letters of gold, on a white ribbon. "In loving memory from her Nurses," at the foot was the hospital shield, carried out in white stock, and purple violets, fringed with orchids, and with a knot of black and white ribbon, inscribed, in silver letters, "To our dear Matron, from her Sisters, St. Bartholomew's Hospital"; deep crimson roses were sent by those who knew her love for them—by her sister, Miss Janet Stewart, by Miss Cutler, whose lovely wreath hung at the head of the casket, and by Miss Amy Tibbett, who served her so faithfully and devotedly. At the foot was a beautiful wreath of orange tulips and deep yellow daffodils "from the private nursing staff in affectionate remembrance." In a place of honour also was the wreath bearing the words, "Dear Isla Stewart, from her friend Ethel Fenwick," composed of Madonna and Eucharis lilies, lilies of the valley, orchids, frezia, and white tulips, with Parma violets interspersed, and opposite a bunch of white heather, sent by Sir Rudolph and Lady Hampden Smith.

From the Medical and Surgical Staff came a wreath of lilac, lilies, and smilax; from the

Medical Council a wreath of roses, lilies of the valley, and deep brown leaves; from the Junior Medical and Surgical Staff a chaplet of carnations and lilies of the valley; from Mr. Thomas Hayes, Clerk to the Governors, and Mrs. Hayes, a wreath of red roses and white stocks; from the Steward, Mr. Watkins, a wreath of white arum lilies, and pink flowers; from the Civil Staff, a wreath of mauve and white flowers; from the Staff Maids, a white anchor with red roses; from the workwomen, a harp in red and white; the scrubbers also sent flowers. The League of St. Bartholomew's Hospital Nurses sent a magnificent anchor, composed of white stocks with a cluster of red carnations, and intertwined with red geraniums, bearing the inscription: "In affectionate remembrance of our Matron, the Founder of our League, from all the Members of the League of St. Bartholomew's Hospital Nurses." Equally exquisite was the harp "from the members of the Matrons' Council of Great Britain and Ireland to their President, in affectionate and honoured remembrance," carried out in white stocks, with strings of dark violets, and decorated with mauve orchids, lilies of the valley, white heather, and light green foliage, with ribbons of soft wide mauve satin, harmonising with the orchids.

These were placed in prominent positions on either side the altar, and before it lay a most beautiful cushion of white stocks, with the letters "I. S." carried out in moss, and a cluster of Mme. Chateney roses, and ribbons to correspond, inscribed: "A loving tribute to our beloved Matron from her married nurses." Near by was a lovely wreath of massed light and dark violets, with a cluster of lilies of the valley, Parma violets, and asparagus fern, "In sorrowful and grateful remembrance of our President, from the Society for the State Registration of Trained Nurses." A handsome cycas leaf palm chaplet of Madonna and lancelium lilies, and lilies of the valley, with deep variegated red leaves interspersed, came "from the National Council of Trained Nurses of Great Britain and Ireland, in loving memory of her national work for nurses"; and the tribute of the International Council of Nurses was a wreath of massed white immortelles, bearing two palm leaves, secured with mauve ribbons, and a cluster of Parma violets, with the inscription, "In sorrow." Her colleagues on the Army Board, Miss C. H. Keer, Matron-in-Chief, and Miss E. H. Becher, Matron-in-Chief elect, sent a wreath of laurel leaves, Madonna lilies, white tulips, and violets; the Registered Nurses' Society, a laurel wreath with a cluster of Madonna lilies and white heather, "in grateful remembrance of her work for the

nursing profession." A lovely wreath came from the Irish Nurses' Association (of which Miss Stewart was an Hon. Member), of Madonna and Eucharis lilies, white stocks, and pink carnations, with a fringe of deep brown leaves; Steevens' Hospital Nurses' League, Dublin, sent a wreath of choice white flowers and shamrock; and the Leicester Infirmary Nurses' League, a laurel wreath with a cluster of beautiful Madonna lilies and deep red roses. Another beautiful wreath of orchids, lilies of the valley, and violets, came from "old nurses who are now Matrons"; and from "Some old nurses"; a cross of Parma violets, lilies of the valley, and white heather: from Miss Payne, the Matron of Great Ormond Street Children's Hospital, and five of the Sisters, a wreath of violet and white flowers. The "Ecole des Infirmières de l'Assistance Publique de Paris" sent a lovely chaplet of the lilies of France, carnations, and palms, tied with the Tricolour.

Besides these public tributes were many from individual relatives and friends. Mrs. Borthwick and family sent a bunch of crimson carnations; Miss M. Stewart, a bunch of tulips; Miss Helen Pearse, Superintendent of L.C.C. School Nurses, a shield of violets; Miss I. C. Keogh, Matron, Richmond Hospital, Dublin, a wreath of lilac blossoms and pale pink carnations; Miss Beadsmore Smith, a bunch of red carnations, heather, and orchids; Miss Bristow, a bunch of lilies; the Misses C. H. and A. Bourne, a cross of white flowers; Miss Karr, a bunch of violets; Miss Dickinson, bunches of snowdrops; Mrs. Gardner, a basket of red ranunculus and white flowers; Dr. and Mrs. Caiger, roses and lilies of the valley; Dr. Cuff, a cross of white flowers; Dr. Bruce, a wreath of violets and lilies of the valley; Miss Lucy Low and Mrs. Anderson, wreaths of daffodils; Mr. and Mrs. Acland, a laurel wreath with violet and white flowers; Mrs. Wilson, a laurel wreath with white flowers; Lady Maud Keith Falconer, a wreath of mauve and white flowers; Mr. and Mrs. Bernheim, a laurel chaplet with lilies and other white flowers; the Misses Daisy and May Paterson, a mauve and white cross; Mrs. Blampton Paterson, a bunch of flowers; and wreaths were also sent by Mr. and Mrs. Gray, Mr. Deane and family, and the Misses Day and Dalrymple.

As she lay in the quiet sanctuary, surrounded by these love tokens, the general feeling was that the body of the Matron could have found no more appropriate resting place. Nurses trained in the hospital in years gone by well remember the old mortuary; they visited it but rarely, and they always sent their patients down to it with a thrill of regret. In the arrangements

of the new mortuary chapel, Miss Stewart had taken the keenest interest, and placed them in the charge of a member of the nursing staff of long standing in the hospital, so that they instinctively felt the place which the hospital now provides for its dead was the most fitting setting which could be found for their beloved head—for the Matron whom they desired to honour.

So she rested there, as she herself would have wished, till the time came for the journey north. As they carried her through the Smithfield gate, all the Sisters and certificated nurses followed the casket, in spite of the pouring rain, through Smithfield, and along Giltspur Street, till it passed beyond the hospital boundaries, then some returned, but a number of the Sisters, with Dr. Norman Moore, Senior Physician, Mr. Thomas Hayes, Clerk to the Governors, and others, went on to Euston, where, with all reverence and respect the body was entined for Moffat.

#### ST. BARTHOLOMEW'S THE GREAT.

The parish church of the hospital, St. Bartholomew's the Less, was quite inadequate to hold all those who desired to show their respect for Miss Stewart's memory by attending the Memorial Service in London on Thursday, May 10th, so, by the kind permission of the Rector, it took place in the beautiful church of St. Bartholomew the Great, West Smithfield, where, within the sanctuary rails, is the tomb of Rahere, the great founder of the hospital, whose traditions Miss Stewart had so worthily carried on, and even its spacious choir was filled to overflowing. One side was reserved for the nursing staff of the hospital, and silently and sadly Sisters, nurses, and probationers came in until every seat was filled, and only standing room was available. The large and representative congregation included Lord Sandhurst, Treasurer of St. Bartholomew's, and Lady Sandhurst, a number of the Governors, the Medical and Surgical Staff of the hospital, Mr. Thomas Hayes, Clerk to the Governors; and many members of the civil staff; Sir George Wyatt Truscott, late Lord Mayor of London; Sir Edmund Hay Currie; Sir Frederic Alliston; Sir Montague Nelson; Professor and Mrs. Howard Marsh, Dr. Bedford Fenwick, Mr. Walter Spencer, F.R.C.S., and Mrs. Spencer; Dr. de Segundo, and other medical friends. Miss E. S. Haldane, L.L.D., Vice-Chairman, Territorial Force Nursing Service, a member of the Executive Committee of the Society for the State Registration of Trained Nurses; Miss Cave, Matron of Westminster Hospital, member of the Army Nursing Board;

Miss C. H. Keer, R.R.C., Matron-in-Chief Q.A.I.M.N.S.; Miss E. H. Becher, Matron-in-Chief elect; Miss Sidney Browne, R.R.C., Matron-in-Chief, Territorial Force Nursing Service; Miss Haughton, Matron of Guy's Hospital, representing also the Irish Nurses' Association; Miss H. L. Pearce, Superintendent of School Nurses under the London County Council; Miss H. Sherlock, representing the Leicester Infirmary Nurses' League; Miss Maiben, representing the League of St. John's House Nurses; Miss Finch, Matron of University College Hospital; members of the Matrons' Council and of the League of St. Bartholomew's Hospital Nurses too numerous to mention; and Mme. Jacques, Matron and Superintendent of Nursing of the Nursing School of the Assistance Publique, Paris, who, with one of her pupils, had travelled to London to represent it, an action which will not soon be forgotten by her English colleagues.

The service was conducted by the Archdeacon of London, the Rev. H. S. Close, vicar of St. Bartholomew's the Less, and Chaplain to the hospital, and the Rev. R. Adams, for many years Assistant Chaplain. The sweet old hymns selected were: "Oh God our Help in ages past," "Rock of Ages," and "On the Resurrection morning," and a short address was given by Archdeacon Sinclair, who spoke of Miss Stewart's strenuous life of duty, her noble example, inspiring influence, and the use she had made of her great gifts. Those, he said, who use well their powers in this life find wider scope for them in the quiet realm of Paradise, and the life beyond, so we left her with God. It was for those who remained to see that the spirit of her great work still went on.

As one left the church, glad that all honour should have been paid to the Matron and friend whom we revered and loved, one realised that while position, power, and honourable estate, all are good, they are of secondary importance to the truth, moral courage, straight dealing, and high principle, in the practice of which she set so fine and high an example.

M. B.

#### AT ST. MARTIN'S BLACKHEATH.

A memorial service was held by request of Mrs. Bedford Fenwick, at St. Martin's Church, Blackheath, Chilworth, at 3 o'clock on Thursday, 10th inst., and was most sympathetically conducted by the Rev. A. J. C. Young, curate of the parish. It was attended by those who had offered the kindest help during the sorrowful past days.

This lovely little church, a wayside chapel such as may be found anywhere in North Italy,



was built by the late Sir William Roberts-Austen, and the rich internal decoration is a memorial to him. The walls are covered with marble and frescoes, the latter of unusual interest, executed by Mrs. Lea Merritt, by the method known as "silicate painting," examples of which are rare in this country. They preserve their freshness perfectly. These exquisite works of art depict incidents in the life of our Lord, and with the gold screen, beautiful altar piece, and painted ceiling, complete a scheme of decoration gorgeous and perfect of its kind.

During the service sunshine flooded the little chapel, and from the heath beyond full throated wild birds sent their triumphant singing to the sun. In jubilant chorus they flung forth their paean, "Oh, Death where is thy sting. Oh! grave where is thy victory?"

Nothing could have been in sweeter harmony. All Nature rejoicing, and so on into the Golden Light.

E. G. F.

#### AT MOFFAT.

It was my sad privilege to attend the funeral of Miss Isla Stewart at Moffat, as the representative of the Matrons' Council. The train left Euston a little before midnight, and members of the medical staff of St. Bartholomew's as well as Sisters in deep mourning were gathered on the platform to wish their Matron God-speed on her last journey to the hills. The coffin, placed in a large special van, was covered and surrounded by a gorgeous wealth of flowers that bore witness to the affection and esteem with which she was regarded. There was something peculiarly touching in this departure in state and silence to the spot where she had spent so many happy hours, and from which she would never return.

The train arrived at Moffat a little before eight in the morning, and the coffin was at once taken to the Episcopal church and placed in the chancel to wait the service and funeral which had been fixed for the afternoon. On the coffin itself were placed the flowers from the nearest relatives and friends, surmounted by the shield of St. Bartholomew's Hospital in white and purple flowers sent by the Sisters. Across the entrance to the chancel were grouped the wreaths and symbolic floral tokens from representative bodies. At the foot of the coffin lay the cushion of white with the purple monogram across it, sent by the nurses who had left the hospital and married, and the

handsome wreath with the brilliant tricolour riband from the Assistance Publique of Paris. On either side were displayed the scarlet and white anchor of the League of St. Bartholomew's Nurses, the orange wreath of the private nurses, the white cross of the nurses of the hospital, the harp in white stocks and purple orchids from the Matrons' Council, wreaths from the Leicester Infirmary Nurses' League, from the senior and junior staff of St. Bartholomew's Hospital, and from the various nursing societies with which she was connected or that wished to show her their respect. Bunches of roses, carnations, lilies, and wreaths from private friends filled the upper end of the little church. It was the silent coffin, with no pall but the amazing quantity of lovely flowers round it, that made the scene impressive, for the church itself is only a temporary structure of corrugated iron lined with wood.

Moffat itself, lying amongst the hills, with its grey modern houses, has a handsome high street, whose remarkable breadth bears witness to the fact that once the old coaching road passed through it; now it is the terminus of a small local line. There is a stream called Moffat Water running swiftly alongside the little town, and on the hills the golf course was pointed out to me where Miss Stewart used to play.

It was a regular March day—sunshine and wind in the morning, rain and wind and grey scudding clouds in the afternoon, with occasional breaks of sunshine; a bleak day.

The service in the church was held at 2 p.m., and was conducted by the Rev. Dr. Leuthwaite and the Rev. John Malony. It was quiet and reverent; no address was given. The little church was filled with mourners—her relations and friends in the town—and those who had come from a distance. In addition to the near relatives, there were present Miss Cox-Davies, Matron of the Royal Free Hospital, and President of the League of St. Bartholomew's Hospital Nurses, which she represented; Miss Cutler, Deputy Matron, St. Bartholomew's Hospital; Miss Borthwick (Sister Lawrence); Miss Burleigh, and Miss Hurlston, from Edinburgh; Dr. Foord Caiger, Dr. Bruce, Sir Rudolph and Lady Hampden Smith, and Mr. Herbert Pollitt. It was especially appropriate that Dr. Caiger and Dr. Bruce should be there, as they have known her since the days when she was a Matron under the Metropolitan Asylums Board. The "Dead March in Saul" was played, and the hymn chosen by her sister, "Abide with Me," was sung. From the church

to the cemetery—the distance was about a mile and a-half—the road lay along the broad high street and up a steep slope to the hillside, where she was to be buried amongst her people.

As we stood by whilst her relations and friends lowered her, according to the Scotch custom, into her grave, I looked across the little town to the hills beyond and above, some still flanked with snow, and I understood. Isla Stewart belonged to the hills, and she had come back to the hills to rest.

She had played a fine part in life's game; she had used her talents and her share of life well; for twenty-three long years she had worthily represented the great hospital of which she was Matron—but now she had come home again! We left at peace on the hillside a generous woman—one of the world's best and most conscientious workers, of whom might well be quoted the words she herself used when speaking of our late Queen: "She feared God and knew no other fear."

For the high courage with which she remained "on duty" to the end was typical of the woman. Through all her life she held to a grand conception of what was expected of her, of a standard she might not fail. And this, without any straining or effort; it was inborn, natural, unaffected, part of her being. In all her public life appears this serene disregard of difficulties and dangers. Some things might have to be avoided because they were inexpedient, but never because they were difficult or dangerous.

She was a loyal friend and an honest foe—straight always.

Her sense of justice was great, but her mercy greater. None had a more kindly, tolerant sympathy for human frailty, her charity was boundless; she had a clear brain, but a large heart.

Life for her was glad; she never pretended that her wine was poisoned or her corn mildewed; she enjoyed, and she wished others to share her joy.

She would have succeeded in any calling, but having devoted herself to her profession, she threw herself wholeheartedly into its advancement and organisation, and spent herself and her talents freely in its service, utilising to its last ounce her enormous capacity for work.

Large minded, she was singularly free from petty jealousy, and had a most generous appreciation for the talents and successes of others; there was no small or mean trait in her being.

She faced the inevitable with dignity and courage, and bore herself to the end as became her name and her position.

M. M.

#### AN EXAMPLE OF DUTY AND COURAGE

When the history of contemporary nursing is written, Miss Isla Stewart will be found amongst the great hospital Matrons who created the profession of nursing by their example and precept. Mrs. Elizabeth Fry and Miss Florence Nightingale inaugurated the movement with high ideals and first-rate judgment. They were followed by tactless persons who brought discredit on a good cause by wilfulness and wrongheadedness. Miss Stewart came later, and occupied a prominent position just at the time when her remarkable talents were capable of producing the best fruit. Miss Ethel Manson, now Mrs. Bedford Fenwick, came to St. Bartholomew's Hospital from the London Hospital in 1881, reorganised the nursing school, prepared the way, and set things in order for the advent of Miss Stewart. It is to the credit of Mrs. Fenwick and Miss Stewart at St. Bartholomew's Hospital that they saw the necessity, made the opportunity, for better education and better training for the nursing staff, and effected the change gradually and almost imperceptibly.

Miss Stewart combined in herself great teaching power with first-rate administrative capacity, and she had full scope to use her ability. All her changes were carried out gradually, and she had been several years at the hospital before she changed or added to the rules which she found in existence when she was appointed. But if the changes were gradual they were none the less important. The length of training, the hours of duty and of leisure, the routine by which every nurse was enabled to take the greatest possible share in each part of her course, all received anxious thought and were modified in the most practical manner. Finality was never reached, because to the last Miss Stewart maintained an open mind. She was always ready to receive suggestions from those in whom she had confidence, and if the ideas approved themselves to her, she adopted them. Her school of nursing, therefore, was always progressive, and as her rule was mild and just, she gradually made it worthy of the great charity to which it was attached. Her pupils attained distinguished positions at home and abroad, and inculcated her methods on succeeding generations. The banquet given to her by the Matrons' Council in 1908, and the reception she received at the International Congress of Nurses last year, gladdened her heart, for they were proofs of her far-reaching influence and of her personal popularity. Miss Stewart was more than a great Matron. She was a pioneer, creating a new profession, yet, unlike many

pioneers, she was abounding in commonsense; she had a wide outlook and she had a keen humour. Her course, therefore, was perfectly straight. She desired to obtain State Registration for nurses, just as there is State Registration for medical men, for dentists, and for members of the veterinary profession. The subject proved to be thorny, and was beset with unexpected difficulties, but she never wavered, and, being free from guile, pettiness, and the benumbing spirit of party, she allowed her will to carry her far beyond the strength of her body. Illness came upon her, but she could say with Milton:—

"Yet I argue not

Against Heaven's hand or will, nor bate one jot  
Of heart or hope; but still bear up and steer  
Right onward. What supports me, dost thou ask?  
The conscience, Friend, to have lost them overpleaded  
In Liberty's defence, my noble task.  
Of which all Europe talks from side to side."

Indeed, if she would have been persuaded to do less, or to allow others to share her work, her life might have been prolonged. It was characteristic of the woman, and the keynote of her success, that she must carry out to the very end all those duties which she had undertaken even though her life should be the cost of her conscientiousness. Others will take up her work, but it will be difficult to follow her. We, her friends, shall miss her grievously, though we are the better for having known her as an example of duty and of courage.

D'ARCY POWER.

#### AN APPROPRIATE MEMORIAL.

Miss F. Whitley, West House, Halifax, in sending a donation of £5 from herself and her sister to the Special Registration Fund, writes that she does so in memory of Miss Isla Stewart, instead of sending a wreath. She feels that Miss Stewart had the registration cause so closely at heart that this is the most suitable form of commemoration.

The League of St. John's House Nurses has also sent a guinea. "In memory of the life and work of Miss Isla Stewart."

One of Miss Stewart's last acts before she left London was to forward over £14, which she had collected, to the State Registration Society, and these gifts seem singularly appropriate.

The loss which the Society has sustained by the death of its President is impossible to estimate, and we are sure that she herself would rejoice that the cause in which she was so keenly interested, and to which she devoted so much time and thought, should be supported by those who cared for her.

#### THE GENERAL SORROW.

From all quarters spontaneous tributes to the high worth of Miss Stewart are being received.

#### THE QUEEN'S SYMPATHY.

Her Majesty the Queen has graciously sent to Miss Janet Stewart the Badge of the Territorial Force Nursing Service which Miss Isla Stewart would have received at her hands, had she lived, on Saturday last. The letter which accompanied it expressed her Majesty's appreciation of Miss Stewart's work for the Service, and her personal sympathy.

#### LETTER FROM THE PRINCE OF WALES.

The Prince of Wales, through Sir Arthur Bigge, has requested Lord Sandhurst in the following letter to convey his sympathy to the relatives of the late Miss Isla Stewart:—

Marlborough House, March 7th, 1910.

MY DEAR SANDHURST,—The Prince of Wales is much concerned to receive your sad news of the death of the Matron of St. Bartholomew's Hospital. His Royal Highness had known Miss Stewart for some years, and fully realises what a great power for good she was, not only in the administration, but as a personal influence in the hospital. His Royal Highness begs that you will convey the expression of his sincere regret to her relatives, and his sympathy with the hospital authorities in the great loss which they have sustained.

Believe me, yours very truly,

ARTHUR BIGGE.

#### RESOLUTION OF THE IRISH NURSES' ASSOCIATION.

At a special meeting of the Irish Nurses' Association, held at 86, Lower Leeson Street, Dublin, on March 10th, Miss Kelly (Matron of Dr. Stevens' Hospital) proposed the following resolution:—

The members of the Irish Nurses' Association tender to Mrs. Bedford Fenwick, the Matrons' Council of Great Britain and Ireland, and the Society for State Registration of Trained Nurses their deepest sympathy in the loss sustained by the death of their noble friend and President, Miss Isla Stewart. They wish to place on record their profound sorrow for the irreparable loss to the cause of professional organisation and progress through the passing away of so brilliant, loyal, and devoted a colleague.

Miss Kelly said: "It is with feelings of profound sorrow that I move this vote of condolence with our English colleagues. Not only English speaking nurses, but nurses of the whole nursing world, will regret the passing away of one of the most brilliant, earnest, and energetic workers in the great cause of organisation and development. It has been marvellous the amount of time and zealous care which Miss Stewart bestowed upon every scheme for the advancement of nurses, notwithstanding

her enormous responsibilities as Matron of one of the greatest of the London hospitals.

"To other Matrons she set an example of high ideals. Her unswerving loyalty to the interests of her profession, her comprehensive grasp of everything relating to it, and continual staunch support of matters tending to elevate and ennoble it, should prove a brilliant example not only to Matrons and nurses of her own day and generation, but to those who come long ages after her."

The resolution was then passed by the meeting amid an impressive silence.

LETTER FROM THE PRESIDENT OF THE INTERNATIONAL COUNCIL OF NURSES.

DEAR MRS. FENWICK.—In the midst of the Annual Conference of the German National Council of Women I received the sad news of our deep loss.

Will you convey my heartfelt sympathy, and that of the International Council of Nurses, and the German Nurses' Association, to the National Council of Nurses of Great Britain and Ireland, and especially to the Matrons' Council, the State Registration Society, and the League of St. Bartholomew's Hospital Nurses.

I am sure we shall never forget what dear Miss Stewart has been to us all, and how much the nurses of all countries owe her for her fine and courageous work for our interests.

We all know, too, what a staunch friend and supporter she has been to you in all your work, and you most of all need our sympathy in the loss of one of your truest colleagues.

Sincerely yours,

AGNES KARL,

President, International Council of Nurses and German Nurses' Association.

SYMPATHY OF THE DIRECTOR GENERAL OF THE ASSISTANCE PUBLIQUE, PARIS.

In addition to deputing Mme. Jacques to represent the Nursing School of the Assistance Publique at the memorial service to Miss Isla Stewart, Monsieur G. Mesureur, its distinguished Director General, who has given practical proof of his appreciation of Miss Stewart's personality and work by entrusting to her care pupils of the School for further experience in an English hospital, has written a most charming letter of sympathy to Miss Cutler, Deputy Matron at St. Bartholomew's Hospital.

When the Committee of St. Bartholomew's Hospital met on the morning of Thursday, March 10th, the sad tidings were received that the funeral of the Matron, who on the previous Thursday had presented her report as usual, would take place that day. The Committee at once adjourned, the only business transacted being the appointment of Miss Cutler, the Assistant Matron, as Deputy Matron for a period of three months.

## The Queen Honours Territorial Nurses.



On Saturday afternoon, at Buckingham Palace, the Queen as President of the Territorial Force Nursing Service, presented Badges to Matrons, Sisters, and Nurses of the Hospitals of the Service in the City and County of London. Out of a possible 480 nurses 382 were present. On arrival at the Palace they were conducted by the Royal servants up the Grand Staircase to the State Apartments, and assembled in the Picture Gallery, where they were marshalled by the Principal Matrons, Miss Marcon, Matron of No. 1 Hospital, which by the death of Miss

Isla Stewart is bereft of its Principal Matron, organising the nurses of that hospital.

The Queen presented the Badges in the Throne Room, standing just in front of the Throne. In attendance upon her Majesty were the Court officials, and there were present the Duchess of Montrose, Vice-President, Miss E. S. Haldane, Vice-Chairman, and most of the members of the Advisory Council of the Service, members of the London Committee of the T.F.N.S. of the City and County of London, and the members of the Executive Committee, who had the honour of being invited; also Sir William Mackinnon, Director-General of the Territorial Force, and Surgeon-General Gubbins, Director-General of the Army Medical Service. Amongst those who were unavoidably prevented from obeying her Majesty's command was Mrs. Bedford Fenwick.

The silver Badges, with their scarlet and white ribbon had previously been arranged on cushions by the Ladies in Waiting, the Right Hon. R. B. Haldane, Secretary of State for War, held each cushion as her Majesty took the Badges, and Surgeon-General Keogh read out the names of the recipients. Miss Sidney Browne, as Matron-in-Chief of the Service, was the first to receive her Badge, and then, in quick succession, came the nursing staffs of the four hospitals, No. 1 first, led by Miss Marcon, and the others by Miss Ray (King's College Hospital), Miss Davies (St. Mary's Hospital), and Miss Barton (Chelsea Infirmary), Principal Matrons.

When they had received the Badges, the



nurses passed on into another gallery, where each was given a box for her Badge, after which they left the Palace, the whole ceremony occupying about three quarters of an hour. The members of the Advisory Council, and of the London and Executive Committees were afterwards presented to her Majesty by the Duchess of Montrose.

The Queen wishes it to be known, that she presented the Badges to the nursing staffs of the four London Territorial Hospitals as representative of the whole Service, which is honoured by her Majesty's gracious action. It is impossible that her Majesty should present the Badges of 3,000 nurses, which number it now approximately comprises.

We desire to draw the attention of nurses belonging to the Territorial Force Nursing Service who were unavoidably prevented from being present at Buckingham Palace on Saturday last to a notice on the first page of our Supplement, asking them to furnish their present addresses to their Principal Matrons.

### Nurses' Registration Bill.

The Nurses' Registration Bill (Bill 31) is now published, and can be obtained from Messrs. Wyman and Sons, Fetter Lane, E.C., price 2½d., post free.

### The Irish Nurses' Association.

We are glad to publish the following additional names of members of the Irish Nurses' Association:—

ST. VINCENT'S HOSPITAL, DUBLIN.

Sisters: F. Potter, M. Hooper, A. Smeddy.

ROTUNDA HOSPITAL, DUBLIN.

Nurse Rose MacManus.

#### MISCELLANEOUS.

Nurse Nellie Patterson, Fever Hospital, Naas, Co. Kildare.

Nurse Teresa Corcoran, The Infirmary, Kilkenny.

The Memorial Hospital, Drogheda, of which the election of Miss M. Reidy, the Matron, as a member of the I. N. A. was recently chronicled, was built as a memorial to the late Lord Drogheda on the Curragh of Kildare, to be primarily available for all accidents at the Curragh race meetings and at the various training stables on the Curragh. As the late Lord Drogheda was a great patron of the Turf, many well-known people in Ireland are much interested in it.

Miss Corcoran sent a subscription, 2s. 6d., and a very nice letter, asking if she could help further, and on receiving a reply from the Secretary that anything would be acceptable, she sent a £1 subscription, whereupon she was elected upon the Executive Committee.

### Metropolitan Asylums' Board.

At the meeting of the Metropolitan Asylums' Board, on Saturday last, the Finance Committee submitted to the Board proposals received from the Hospitals Committee to amend the wages scale in respect of the nursing staff in the hospitals service, together with the grounds on which such proposals are made. These proposals were embodied in an appendix, and are of far-reaching importance, and have been arrived at as a result of prolonged consideration, after obtaining valuable suggestions from the Medical Superintendents and Matrons of the Board's hospitals, and after conference with the Matrons of ten of the large general hospitals of London. The most important recommendations are:—

1. *The abolition of the position of Superintendent of Night Nurses*, and the employment of Sisters for a period not exceeding twelve months, additional remuneration to the extent of 10s. per month to the usual salary of a Sister being given.

2. *That a distinct grade of "Sister" should be created in place of the present "Charge Nurse."* The Sisters must have had full general training, and be women of good education. They should be required as part of their regular duties to instruct the probationers under them. Having regard to their status and responsibilities, they should enjoy greater privileges than the other grades of nurses over whom they would exercise supervision. They should come on duty at 7.45 a.m. instead of 7 a.m., and, as far as practicable, they should be exempt from night duty.

Their increased duties and responsibilities, as compared with the present charge nurses, should be marked by a higher salary; £38 per annum, rising £2 annually to £44, is suggested, instead of £36 per annum, rising £1 annually to £40, the pay of charge nurses.

3. *The gradual abolition of "assistant nurses" (Class I.), and the creation of a new grade of "staff nurse," with a salary of £26, rising to £30.* The qualification of this new grade should be either three years' previous training in a recognised general hospital, Poor Law Infirmary, or children's hospital, or the completion of two years' good work in one of the Board's hospitals, on the joint recommendation of the Medical Superintendent and Matron after attendance at lectures and satisfactorily passing an examination, or two years' service in an outside fever hospital of not less than 100 beds, and the obtaining of a recognised fever certificate. The Committee add:—

We hope that the creation of the grades of "Sister" and "Staff Nurse" on the lines we have indicated will result in attracting many nurses, who have completed their training at the general hospitals, to come as staff nurses to the Board's acute fever hospitals to gain fever experience, and thereby add to their own knowledge and obtain a certificate of fever training. To obtain such a certificate we suggest that they should come for a period of twelve months and pass the necessary examination. If they leave before the expiration of that

time, after doing not less than three months' work in the Board's fever hospitals, they would be granted the testimonial prescribed in the existing regulations. No doubt some would join with the object of remaining in the service as Sisters.

*Assistant Nurses (Class II).*—We think that the title of this class, so far as the permanent staff of the acute fever hospitals is concerned, should be changed to that of "probationer," which marks the corresponding grade in a general hospital. We feel that a strong effort should be made to improve this section of the nursing staff. We accordingly suggest that candidates should be more carefully selected, that the first three months of their service should be regarded as a real period of probation, and that they should receive training and be awarded a certificate in accordance with the scheme set forth below. Further, we have made a provisional arrangement with St. Bartholomew's Hospital, whereby a certain number of our probationers, of whose suitability the Matron of that hospital is assured, will be received into that institution for training at the end of their two years' work under the Board, that two years to count as one year's work at a general hospital. We hope that this scheme will be so successful that other general hospitals will be willing to enter into a similar arrangement, and we feel that it ought to prove of material assistance in attracting the best possible class of nurse to the service of the Board. We think the salary of this class should be £18 per annum, rising at the end of a year to £20.

It is intended that a detailed record shall be kept of the progress and conduct of each probationer.

*Training of Probationers.*—We have already referred to the training of probationers and the granting of a certificate, but we feel that we ought to define clearly our views on this important subject. To attract better nurses to their service the Managers must endeavour, by means of systematised and improved methods, together with the granting of a certificate, to render such fever training more valuable as a nursing asset. With this end in view, we recommend:—

(1) That the schedule of ward instruction and the syllabus of lectures drawn up by the Fever Nurses' Association and sanctioned by the Board on 31st July, 1909, be adopted for use in the Managers' hospitals.

(2) That two years be the minimum period of training for probationers.

(3) That a certificate of proficiency in fever nursing be awarded by the Board to those probationers who have spent two years in the Managers' fever service, provided their work and general conduct have been satisfactory and they have passed the necessary examination.

(4) That this examination be conducted by independent examiners, who will in each case be unconnected with the hospital in which the nurse received her training.

If our recommendations are adopted, the nursing education of probationers in the Board's hospitals will be governed by a uniform and well-defined scheme, and the reward of those who succeed in

their work will gain in value in the eyes of the nursing profession.

Special recommendations were made in connection with the convalescent hospitals, small-pox hospitals, and fever ambulance service.

The report was received, and in accordance with the procedure of the Board in all matters relating to finance, notice was given of the following resolution, which will be brought up at the next meeting:—  
"That the proposals of the Hospitals Committee to amend the consolidated salaries and wages scale set out in the appendix to the report of the Finance Committee dated 8th March, 1910, be approved and adopted."

## Appointments.

### MATRON.

*King's Sanatorium, Sherborne, Dorset.*—Miss Ida E. Jenkins has been appointed Matron. She was trained at the Royal Albert Hospital, Devonport, where she has also held the position of Sister. She has also had experience in private nursing.

*Bradwell Isolation Hospital, Staffordshire.*—Miss L. A. Boothroyd has been appointed Matron. She was trained at the Firvale Union Hospital, Sheffield, and has held the positions of Head Nurse at the Union Infirmary, Gainsborough; Charge Nurse at the Union Infirmary, Bury; Sister at the City Hospital, Sheffield; and Nurse Matron at the Stanhope Isolation Hospital.

### NURSE-MATRON.

*Carlton Isolation Hospital, near Worksop.*—Miss Mary S. Clark has been appointed Nurse Matron. She was trained at the Belvidere Hospital, Glasgow, and has held the position of Charge Nurse at the Kirkcaldy Joint Hospital, the City Hospital, Wakefield, the City Hospital, Hamilton, N.B., and of Night Superintendent at the Middlesbrough Sanatorium.

*Cottage Hospital, Mold.*—Miss Florence Pitt has been appointed Nurse-Matron. She was trained at the Royal County Hospital, Ryde, and has held the position of Sister at the Royal Hospital, Richmond, Surrey, and of Theatre Sister and Assistant Matron at the Warrington Infirmary, Lancashire.

*Meikle Sanatorium, Galashiels.*—Miss M. J. Anderson Smith has been appointed Nurse-Matron. She was trained at Stobhill Hospital, Glasgow, and has held the position of Charge Nurse at Old Mill Hospital, Aberdeen.

### SISTERS.

*Horton Infirmary, Banbury.*—Miss Lucy Naylor has been appointed Sister. She was trained at the General Infirmary, Oldham, and has held the position of Staff Nurse at Montagu Hospital, Macclesfield.

*Seacroft Hospital, Leeds.*—Miss M. K. Pearson has been appointed Sister. She was trained at the Royal Infirmary, Hull, where she has held the position of Sister.

*Polyclinic Hospital, Rome.*—The following ladies have been appointed Sisters in addition to those whose appointments have already been chronicled:—

Miss E. M. Bryant, two years' training and certificate, Maison de Santé Protestante, Bordeaux.

maternity nursing, G.L.H., York Road, and District 9 months; Sous-Chefaine, Maison de Santé Protestante, Bordeaux, 3 months.

Miss Margaret Cormick, three year certificate, and Charge Nurse, Gloucester Infirmary; two years Maternity and District Home, Plaistow.

Miss Lucy Culverwell, three years' certificate, Bristol General Hospital; also in the Army Nursing Service.

Miss Mary Kell, three years' certificate, St. Mary's Hospital.

Signorina Sciarino, two years' certificate, Bufalo Hospital; 9 months' post graduate course, New York.

Miss Mary Browne, three years' certificate, St. Devon Hospital; two years and a half as Sister; acted as Night Sister; had charge of Operating Theatre.

Miss Ada Brunt, three years' certificate, and two years Sister at Sheffield Royal Hospital; two and a half years at the International Hospital, Naples; seven months Night Superintendent, Lincoln County Hospital.

#### QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

The following ladies have received appointments as Staff Nurse:—Miss M. McCormick and Miss M. T. Casswell.

*Postings and Transfers.*—Sisters: Miss L. E. C. Steen, to Royal Victoria Hosp., Netley; Miss R. Osborne, to Royal Herbert Hosp., Woolwich; Miss M. M. Blakely, to The Queen Alexandra Military Hosp., Grosvenor Road, London, S.W. *Staff Nurses:* Miss E. H. Davies, Miss M. McCormick, and Miss M. T. Casswell, to The Queen Alexandra Military Hosp., Grosvenor Road, London, S.W.; Miss E. J. French, to Connaught Hosp., Aldershot; Miss M. A. McCabe, to Military Hosp., York.

*Appointments confirmed.*—*Staff Nurses:* Miss K. M. Burgess, Miss W. Halloran.

#### QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES

*Transfers and Appointments.*—Miss Mabel Shingleton, to Manchester, Harpurhey Home, as Senior Nurse; Miss Gertrude Suggitt, to Liverpool, Williamson Home, as Senior Nurse; Miss Jane Heaton, to Faringdon; Miss Sarah Lebart, to Southwark; Miss Mabel Dadd, to Camberwell; Miss Elizabeth Murray, to Carlisle; Miss Teresa Giblin, to Burnley; Miss Anna Zerhusen, to Coventry; Miss Leinbe van der Mey, to Southampton.

#### THE PASSING BELL.

Many nurses will hear with great regret of the death of Miss Heleu Ligertwood, which took place at Harrow on Sunday. Miss Ligertwood was trained at Guy's Hospital, as a Lady Pupil, entering the hospital for training in December, 1879. She was afterwards Sister of Luke ward for several years, after which until 1902 she held the position of Lady Superintendent of the Kent Nursing Institution, West Malling. Miss Ligertwood was the daughter of Mr. William Ligertwood, of Logieraine, Aberdeenshire.

## Nursing Echoes.



Nurses share in the loss which has befallen the Diocese of Lincoln in the death of its chief pastor, the saintly Bishop King, for, as Patron of the Guild of St. Barnabas, he took a deep interest in their work, and annually sent them an inspiring message. As he was laid to rest in the Cloister garth, where were assembled to do him honour the highest dignitaries of the Church which he served so faithfully, and in which he ruled so wisely and lovingly, Churchmen and Nonconformist side by side mourned for him as for a father and friend. There were people weeping by the graveside as the Archbishop of Canterbury spoke the final words, but then, says a contemporary, "people had been weeping in the crowded streets of Lincoln all day—sorrowing on market day, with the squares all filled with huxtering tradesmen, and the air laden with the discordant noises of the mart. As the Archbishop raised his hand to pronounce the Benediction his fine voice broke. Many heard him, few saw the raised hand, for people looked through unshed tears, because a good man had passed in the fulness of years, rich in love, great in wisdom, to the God he had so humbly and so faithfully served."

In a large and spacious room in the South Kensington Hotel, a number of people gathered on Wednesday afternoon, March 9th, by the kind invitation of Miss Walker, the Lady Superintendent of the South Kensington Nurses' Co-operation. The meeting was convened to discuss the formation of a local branch of the British Red Cross Society.

The Mayoress of Kensington, Lady Phillimore, who is the Vice-President of the Society, was present. In spite of a steady and persistent downpour of rain all the afternoon, the guests responded well to the invitations sent out, although the meeting was an informal one, and preliminary only to the larger and more important one which is to take place on the 14th inst. This may go to prove to the pessimists that patriotism still lives in the hearts of the British people, and that England is not going to the dogs just yet.

The flowers, which were as abundant as the dainty refreshments, made a beautiful riot of colour on a dull grey day, the lovely Lent lily largely predominating.

Dr. Waugh opened the discussion, and briefly

explained the object of the meeting, and Mr. Charles Rothschild, a member of the Council of the British Red Cross Society, explained that the exact movement was not the formation of a Red Cross Society, as that already existed, but to form an aid society, to be called "Voluntary Aid Detachments," to be affiliated with the B.R.C.S., the real object of which is to form an intermediate line between the field hospital and the base hospital.

Two Voluntary Aid Detachments already exist, and now it is desired to form a branch in the Borough of Kensington.

The Detachments are divided into two sections—the Men's Detachment and the Women's Detachment. The latter, which is what we are mostly concerned with, comprises the following officials:—

- 1 Commandant (medical man or medical woman).
- 1 Assistant Commandant (medical man or medical woman).
- 1 Assistant Quartermaster (man or woman).
- 2 Lady Superintendents.
- 20 Women (of whom two should be fully trained nurses).

It appears that the only essential qualification required of the 18 lay women is that they hold a certificate either from the L.C.C. or St. John's Ambulance Society for first aid to the injured.

The women will meet twelve times in the year for practice of one hour's duration.

Miss Pitt-Taylor, the Hon. Secretary, pleaded earnestly for recruits. Many nurses were present, and one offered to join as a Superintendent.

The whole organisation of the British Red Cross Society is intended, it will be understood, to provide supplementary aid to the Territorial Medical Service to meet the needs of war at home. A cordial vote of thanks was proposed to Miss Walker by Lady Phillimore, and seconded by Dr. Waugh, and the meeting then terminated.

At the annual meeting of the Queen Victoria's Nursing Institution at Northampton, the Chairman, Councillor F. H. Thornton, J.P., in moving the adoption of the report, referred with satisfaction to the increase in the number of maternity cases, and expressed the hope that, as it was essential to a nurse's health she should have one day's rest in seven, the public would be more generous with their subscriptions in order that the weekly rest day might be given without any extra financial burden to the Institution. He pointed to the successes of Nurses Rogers and Ward in obtaining ap-

pointments at Macclesfield, and to the appointment of Miss Rose as an Inspector under the Queen Victoria Jubilee Institute, as showing that the Institute nurses were first-class. Turning to the balance-sheet, he said that the increased expenditure had been met by increased income, but he hoped to see a still further increase in the donations from patients.

The annual report of the American Society of Superintendents of Training Schools for Nurses, together with the report of the second meeting of the American Federation of Nurses has just reached us. It is a most interesting volume, containing, as it does, the proceedings of the fifteenth annual convention of the Superintendents' Society, held at St. Paul, Minnesota. We hope in a future issue to refer to this at greater length.

The following is the text of the resolution of the Board of Toronto General Hospital, as reported by the *Canadian Nurse*, in reference to Miss Snively's retirement, carried unanimously on December 1st, 1909:—"Resolved, That this Board of Trustees, on the occasion of the retirement of Miss Mary Agnes Snively, after 25 years of faithful and honourable service, as Superintendent of the Training School for Nurses in connection with the hospital, desires to place upon record its deep appreciation of the highly satisfactory manner in which she has discharged the duties of the position; to testify to the rare quality of the service rendered, and to the ability, zeal, earnestness and devotion which have marked her administration and conferred distinction upon both the Hospital and the Training School, and to convey to her the assurance of the esteem and respect in which she has been held by all the members of the Board."

## Our Prize Competition.

### "SOMETHING ABOUT OLD SISTERS."

We have pleasure in announcing that the prize of £1 1s. offered for the best paper of reminiscences entitled, "Something about Old Sisters," has been awarded to Miss E. M. Dickson, 15, London Road, Strood, Rochester, for her reminiscences of Sister Monica, Sister Winifred, and Sister Mary in one of the London hospitals in the early eighties. We shall hope to publish the paper in an early issue.

Will our readers note that Saturday, March 19th, is the latest date on which to send in photographs for the competition, "The Prettiest Patient."



## Reflections.

## FROM A BOARD ROOM MIRROR.

It is now officially announced that Surgeon-General Sir Alfred Keogh, K.C.B., has been placed on retired pay, and Surgeon-General William L. Gubbins, C.B., M.V.O., has been promoted from Deputy Director-General to Director-General. Consequent on these changes, Colonel William Babbie, V.C., C.M.G., has been appointed Deputy Director-General, with the temporary rank of Surgeon-General, and Lieut.-Col. W. G. Macpherson, C.M.G., R.A.M.C., has been appointed Colonel.

Mr. H. J. Tennant, M.P., Parliamentary Secretary to the Board of Trade, presided last week at the annual meeting of the Great Northern Central Hospital, Holloway Road, and in proposing the adoption of the report said the institution had done more work last year than in any previous year of its existence. The total receipts had amounted to £24,000, which had enabled them to reduce their debt to the bankers by £5,000. The satisfactory financial result was largely attributable to the festival dinner, which produced £8,051, and to a grant of £5,000 from King Edward's Hospital Fund. The report was adopted.

Upwards of £100,000 has been left or given to hospitals and other charitable institutions recently, of which we rejoice to see that Mrs. Morrison left £25,000 to the National Society for the Prevention of Cruelty to Children; she also bequeathed £5,000 each to the Anti-Visitation Hospital and the Anti-Visitation Society; King Edward's Fund gets £1,000 from Miss Emma Brandreth; and St. Bartholomew's and St. Thomas' £1,000 each from Mr. R. Nivison.

Dr. Manuel Varona Suárez, Secretary of Public Health and Charities in Cuba, has been appointed Chief Editor of the Official Bulletin of the Department, *Sanidad y Beneficencia*, in succession to Dr. Matías Dugue y Perdomo. The usefulness of the Bulletin as a branch of the work of the Department has been amply demonstrated by the valuable articles published in its columns, which we have from time to time brought to the notice of our readers.

Messrs. Coleman and Co., Ltd., Proprietors of Wincarnis, notify us that their stock of perfumed blotters is now exhausted. They have given away several hundred thousands, which no doubt our readers have appreciated.

They also inform us that they have issued a new edition of their valuable cycling maps. A complete set of these maps, sixteen in number, embracing the whole of England and Wales, will be sent free on receipt of four penny stamps.

Last year 500,000 of these maps were sold to the public. We may mention that the actual cost of these maps exceeds the price asked for them.

## Our Foreign Letter.

## THE DREAM COME TRUE.

Scuola Convitto, "Regina Elena," Policlinico, Roma.



This little place is extremely pretty; all the walls and paint are white or cream or pale green, so that strong notes

of colour can be struck in the accessories.

Thirty-two bed and four bathrooms, a large refectory and nurses' salone, Sisters' salottino, and Matron's salotto and office, all with steam heat and electric light, make up the whole, which a friendly laundry manager to-day rejoiced at as "something done finally for nurses with a little luxury."

We still have workmen giving finishing touches, and still some of the furniture keeps making a somewhat retarded appearance. But in what country are promises always absolutely fulfilled?

Our chief has obtained wire in all our windows, so that neither flies nor mosquitoes can torment us. We have the hospital chapel above us, only a flight of stairs to reach it. On meeting one of the little snore with whom I worked in Signora Sciamanna's time, I told her how glad I was to be back, and how fortunate we were to have such a delightful little convitto.

"Yes, indeed," she answered, "you are fortunate to live under the Santissimo"—the Most Holy. And the Mother Superior sent two English-speaking suore to "carry her love and homage to the Signora Direttrice" in response to Miss Snell's presentation by the Committee ladies.

The actual date of taking over the wards is not yet fixed, but will be quite in the beginning of April. The Queen will open the Training School, only the hospital great people being present, besides the Committee, and, we hope, Miss Baxter. But for some days after, the public who are interested in the work will be invited at a fixed hour to visit the "Dream come true"—alias the Scuola Convitto Nurses' Home—and see the Anglo-Italian staff at work and—in uniform!

On the 17th Professor Bacarani comes to Rome to give a Conference on Nursing, when all the nurses who have arrived can hear the Italian Hospital Director, who sympathises so keenly with their work.

The nurses are beginning to appear in Rome, the best way to develop their Italian.

I think this is our news briefly up-to-date. I hope you can use it, though it is not so interesting, as it might be, if I could tell more details. I will write more after the opening.

Yours very truly,

M. AMY TERTON.

## Outside the Gates.

## WOMEN.



On Monday Sir Charles McLaren, M.P., introduced into the House of Commons a series of Bills in which are incorporated a number of the reforms contained in the Women's Charter of Rights and Liberties drawn up by Lady McLaren and presented at the International Women's Suffrage Congress. The Bills provide:—

1. That a wife shall have a right to maintenance from her husband, without the intervention of the Poor-Law Guardians, if she has no other means of support and is debarred from earning her own living through having the care of young children.

(2) A wife who devotes her whole time to house-keeping and the care of the children shall have a claim upon her husband during his life, or upon his estate after death, for a sum calculated on a scale not exceeding the wages of a housekeeper in her station of life, provided she has not received any other personal allowance.

3. The divorce law shall be amended so as to allow either husband or wife to obtain a divorce on the ground of unfaithfulness alone.

4. Fathers and mothers shall be joint guardians of their children.

5. The ancient right of wives to dower shall be restored; and wives shall be put in a more equal position in cases of intestacy.

6. No woman otherwise qualified shall be excluded by sex or marriage from exercising the Parliamentary franchise.

Can anyone deny the reasonableness and justice of these proposals?

The London County Council is to be congratulated that two women have been elected to serve upon it of ripe experience and unquestioned ability. Miss Susan Lawrence, the member elected by West Marylebone, served on the London School Board, and has been a co-opted member of the Education Committee of the London County Council. Miss Nellie Adler is a daughter of the Chief Rabbi, and has done excellent work in connection with the organisation of trade schools and classes in which women are specially interested.

Lady Frances Balfour, Mrs. Henry Fawcett, and Mr. Granville Barker are announced to speak at the reception of the London Society for Women's Suffrage in connection with the annual council meeting of the Society, at the Great Central Hotel, on Friday, March 18th.

Mrs. Pankhurst will preside, and Mrs. Pethick Lawrence and Miss Christabel Pankhurst will speak at the Women's Demonstration at the Royal Albert Hall on Friday, March 18th.

Mrs. Sidney Webb, speaking last week at a drawing-room meeting at Lady Emily Lutyen's house in Bloomsbury Square, said we had at the base of our society a great mass of chronic destitution, to deal with which in all its phases we had two separate authorities. One-seventh of the present pauperism was due to phthisis, or tuberculosis, and under the Poor Law we dealt with it as foolishly as we did with typhus seventy years ago. One-third of the people who died of tuberculosis died in the workhouses, after infecting their families, and it was perfectly clear that these cases ought to be treated in their incipient stages, which the Poor Law was powerless to do. The whole machinery of the Poor-Law had become obsolete, and the time had come for a great step forward in the direction of prevention.

## VERSE.

When thy gaze  
Turns it on thine own soul, be most severe.  
But when it falls upon a fellow-man  
Let kindness control it; and refrain  
From that belittling censure that springs forth  
From common lips like weeds from marshy soil.

ELLA WHEELER WILCOX.

## COMING EVENTS.

March 18th.—London Society for Women's Suffrage. Reception by the Lady Frances Balfour and the Committee at the Great Central Hotel, Marylebone, 9—11.30 p.m.

March 18th.—Women's Social and Political Union. Demonstration at the Royal Albert Hall. Chair, Mrs. Pankhurst. 8 p.m.

March 18th.—Somerset County Nursing Association. Eighth Annual Meeting, Municipal Buildings, Taunton. Address by Miss Amy Hughes, General Superintendent, Queen Victoria's Jubilee Institute for Nurses, 3 p.m.

March 18th.—Women's Local Government Society, Annual Meeting, Council Chamber, Caxton Hall, Westminster. Lady Strachey will preside. 4.30 p.m.

March 18th.—Association for Promoting the Training and Supply of Midwives, Annual Meeting, 36, Thurlow Square, South Kensington. Chairman, T. Raffles Hughes, Esq., K.C. 4 p.m.

March 18th.—The Infants' Hospital, Vincent Square, S.W., Annual Court of Governors, Major-General Lord Cheylesmore in the chair. 4.30 p.m.

March 19th.—Meeting of the Scottish Nurses' Association, Masonic Hall, 100, West Regent Street, Glasgow, 4.30 p.m.

March 23rd.—Royal Infirmary, Edinburgh. Lecture on "Neurasthenia." By Dr. J. J. Graham Brown. Extra Mural Theatre. Nurses cordially invited. 4.30 p.m.

## WORD FOR THE WEEK.

"Truth exists, undivided and eternal; neither you nor I create it by our own apprehension of it. We are all in different vessels reconnoitring an isle; one thinks the isle is one shape, and one thinks it another; but our thoughts change it not; it is one shape and was ever so." GENERAL GORDON.

## Letters to the Editor.



*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in any way hold ourselves responsible for the opinions expressed by our correspondents.*

### PRINCESS CHRISTIAN'S FARM COLONY.

*To the Editor of the "British Journal of Nursing."*

DEAR MADAM.—Every year newspapers teem with figures demonstrating the increase of feeble-mindedness, lunacy, and the crimes resulting from these causes; yet the public look on at this rising flood of degeneracy without attempting to avert it.

"If there is a positive increase in the numbers of the feeble-minded and of lunatics," says Professor Clifford Allbutt, "it is because we are doing our best to breed them." Is the nation becoming so effete that its individual members can do nothing to end such conditions? If so, it is not surprising that feeble-mindedness increases.

We appeal to all who can appreciate the seriousness of the problem to help us to grapple with it. Feeble-mindedness is largely hereditary, and it is therefore one of the most preventable of diseases, provided only that those afflicted, while being kindly treated and well cared for, can be kept apart from the world. For this reason the Association has founded a Farm Colony of 170 acres near Tonbridge, where, by the care and control of the feeble-minded, one of the most subtle evils which has ever attacked national life is being successfully combated. The Colony is named after the Princess Christian, and she will herself open it on June 3rd next. Already there is established a Home for Lads of 16 to 23. These lads, in some cases a source of danger to all around them, are now busily and happily employed in tending the live stock which kind sympathisers have already given, and in other Colony work. So far, a sum of £4,300 has been subscribed for the Colony, but another £8,000 is yet required.—(1) To clear off the debt for the land purchased; (2) to build more homes; (3) to establish a school and homes for feeble-minded children of both sexes.

An earnest appeal is made for the immediate foundation of a home for young girls, who are in greater danger than all others. For this about £1,500 will be needed, and a great effort is being made to collect the sum by June 3rd, in order that the Princess Christian may lay the foundation-stone. For every £100 we can add a named bed to the Colony. Furniture, clothing, and farm stock will be gratefully accepted.

It is probably too much to hope that this scheme will appeal to the impulsive benevolence of the general public, but to those of wider knowledge, who can see its far-reaching issues, we make our request with much confidence. A Medical Specialist has said:—"More nations have sunk to utter insignificance as the result of moral intellectual and

physical degeneracy than by war, famine, or any other conditions." It is time that this menace to the British race was put an end to.

Will those who read this show their interest by sending a subscription or donation, marked either "Colony" or "General Fund," to the Secretary of the National Association for the Feeble-Minded, at Denison House, 296, Vauxhall Bridge Road S.W.

We are,

Your obedient servants,

MARGARET BRUDENELL-BRUCE.

LUCY C. F. CAVENDISH.

WILLIAM CHANCE.

W. H. DICKINSON.

C. S. LOCH.

CONSTANCE B. MERSEY.

GEORGE H. SAVAGE.

National Association for the Feeble-Minded,

Denison House,

296, Vauxhall Bridge Road, S.W.

### THE CAT, ITS CARE AND MANAGEMENT.

*To the Editor of the "British Journal of Nursing."*

MADAM.—In reply to "District Nurse," who appears to want a book dealing with the ailment of cats, she will find "The Cat: Its Care and Management," by Mrs. Leslie Williams, and published by Sydney Appleton, 25, Bedford Street, London, a useful little volume. Price 2s. 6d.

Faithfully yours,

C. B. MYERS.

Dunningwell, Milcom, R.S.O., Cumberland.

## Notices.

THE BRITISH JOURNAL OF NURSING is the official organ of the following important Nursing societies:—

The International Council of Nurses.

The National Council of Trained Nurses of Great Britain and Ireland.

The Matrons' Council of Great Britain and Ireland.

The Society for the State Registration of Trained Nurses.

The Registered Nurses' Society.

The School Nurses' League.

As their official organ is widely read by the members of these societies, the Editor will at all times be pleased to find space for items of news from the Secretaries and members.

### RULES FOR PRIZE COMPETITIONS

#### THE PRETTIEST PATIENT.

We offer a prize of 10s. for a photograph and description of "The Prettiest Patient," which must reach the Editor at 20, Upper Wimpole Street, Cavendish Square, London, W., on or before Saturday, March 19th, 1910.

The decision of the Editor will be final.

#### OUR PUZZLE PRIZE.

Rules for competing for the Pictorial Puzzle Prize will be found on Advertisement page xii.

# The Midwife.

## Two Interesting Cases.

### A CASE OF ANTE-PARTUM HÆMORRHAGE.

The following case illustrates the value of restorative treatment in ante-partum hæmorrhage, and presents a second point of interest—painless dilatation of the cervix.

The patient was a three-para, aged 23; former labours had been normal. According to her dates, she was 38 weeks pregnant. On rising she had severe hæmorrhage without pain; she stayed in bed till the afternoon; on attempting to get up for the second time, the hæmorrhage recurred and was alarming. The midwife was sent for; on her arrival the patient was somewhat collapsed, the pulse rapid and feeble, sometimes hardly perceptible, the respirations were sighing, and the mucous membranes were blanched. The child was lying in the third vertex position, the fetal heart sounds were regular, the os was the size of a 1s., the patient had no pains. The midwife sent for the doctor; while waiting, she raised the foot of the bed, gave two pints of normal saline per rectum, kept the patient warm. To her great relief, the pulse and general condition improved rapidly, and when seen by the doctor her condition was satisfactory; he decided to remove her to hospital, and injected a bulb of aseptic ergot into the buttock. On admission, 7.30 p.m., the temperature was 99.4, the pulse 116, the respirations 20, there was no bleeding, the os was the size of a two-shilling piece, there were good uterine contractions, but the patient said she felt no pains; at 8.50 the os was fully dilated painlessly, the membranes were ruptured artificially, and the child was born alive ten minutes later in the second vertex position; she weighed 5 lb. 13 oz., and measured 19 in. The third stage lasted fifteen minutes; there were 4 oz. of hæmorrhage, there was no evidence of the placenta being in the lower segment. The puerperium was uneventful.

### KNEE PRESENTATION.

Knee presentation is extremely rare. The patient was a five-para; her former labours had been normal. The sixth pregnancy went to term, there was slight ante-partum hæmorrhage for three days before the onset of labour. The child was lying in the left sacro anterior position, the presenting part was high, and early in labour with unruptured membranes it was diagnosed as the breech. The first stage lasted 23½ hours, the membranes ruptured spon-

taneously at full dilatation; an hour later, as there was apparently no advance, a second vaginal examination was made; the right knee was in the hollow of the sacrum, the leg lying across brim, the foot was just above pubes, the left buttock could just be felt very high up. Chloroform was administered, and the doctor rotated the knee forwards, and, extending the limb, the cord prolapsed, and the child was therefore extracted. Both arms extended, the head was easily delivered by Page's method. The child had blue asphyxia, but rapidly responded to stimulation. There was a caput on the right knee. The second stage lasted two hours, the third stage lasted ten minutes, hæmorrhage 10 oz. The puerperium was normal. There was apparently nothing to account for the abnormal presentation.

M. O. H.

## Out of the World.

Miss M. Ellen Kershaw, a graduate of the St. Luke's Hospital, Chicago, writing from the North-West, where she is 95 miles from a station, in the *American Journal of Nursing*, says:—

You ask, what of the nursing in this vast wilderness? The field is an open one, for but three graduates have wandered this way. As one might suppose, "experienced or practical nurses" are the ones sought for most, as the people have not yet been educated up to the point of desiring the graduates. A member of a family or a friend often cares for the patient. In one instance, an obstetrical case, the woman began to have pains, and the physician was making a call some sixty miles away. He was located by "Central" at Bend, and he instructed (by telephone) the friend what to do at that stage, jumped into his buggy, and his horses fairly flew. Some ten miles further on he found another telephone, and inquired as to conditions, found how the case was progressing, and gave instructions. On the horses flew, until another telephone was found, same inquiry was made, and instructions given. On he went, inquiring and giving instructions when the opportunity afforded, until before he reached the house the patient was delivered of a ten-pound boy; and, strange to relate, a good recovery was made, without a complication! Now the physician tells, with great pleasure, how he conducted an obstetrical case by telephone.



As this is a new country, the ranch houses resemble the shacks of the working classes in our cities, may have one to four rooms, may be papered with lining paper or newspapers, with here and there a picture cut from a magazine.

In a little house at the foot of the Sisters mountains, 22 miles from Bend, a tiny three-months-old baby had malnutrition. The physician wished to place it under the care of a nurse, and finally succeeded, because he needed her to assist him with perineorrhaphy, as the mother needed the operation. The dwelling consisted of four rooms, one of which was used for both dining and living room. This was used for the operating room, and prepared by the nurse the day before. Of course, she sterilised all things necessary, so recovery was almost a foregone conclusion, especially since there are no germs in the country. This is a saying of the wise.

But the poor little boy? What could be done for him? Commonsense, regular feeding, exact following of the physician's orders, and fresh air were all that were needed to make a wonderful difference in the little chap in two weeks.

What do you think was suggested to the inexperienced young mother by her neighbours and friends? Every kind of prepared food, of course, was tried by her a few days; burnt cracker added to gruel almost caused his death, poor boy. An ice pack, because *after* feeding the abdomen was enlarged and he was said to be mortifying. Fortunately the man's better judgment sent him to the telephone to consult the doctor, who assured him it would kill the child. Not satisfied with a close room, a hot fire was kept burning, though the child was clothed in flannel and the time of year was summer.

One of the greatest difficulties one finds is the length of time it takes to reach a patient, for, as we have said before, we are in a country of magnificent distances. If one receives a call, it may take two or three days before she can reach the patient, and if the person is in a critical condition when the nurse receives the telephone message the result may be anything but gratifying.

People in this wilderness, the pioneers, do anything that comes to hand. In a neighbouring town, a drive of only thirty-five miles reached by stage or private conveyance, the undertaker is furniture dealer, plumber, mattress manufacturer, and hardware merchant, so one can easily see that the services of a nurse at the time of death must be doubly gratifying to the family.

There must be ample room for nurses with the instinct of the pioneer in this locality.

## Midwives' Examinations.

At an ordinary meeting of the College of Surgeons, held last week, at which the President, Mr. Henry T. Bullin, presided, Mr. C. H. Golding-Bird, the College representative on the Central Midwives' Board, reported the proceedings of the Board during the past year, and stated that the number of midwives on the roll was 28,843. The Board held six examinations in London and three in each of the provincial centres, with the following results:—London, 1,735 entered, 1,457 passed; Birmingham, 159 entered, 132 passed; Bristol, 178 entered, 144 passed; Manchester, 376 entered, 286 passed; and Newcastle-on-Tyne, 171 entered, 140 passed. Leeds has now been constituted a provincial centre. Mr. Golding-Bird further reported that the long standing question of the payment of doctors who respond to the call of the midwife, acting under the rules of the Board, is still unsettled. It appears that the Board has done its best to induce the various local governing bodies to exercise what powers they at present possess in that direction, but only an Act of Parliament can enforce the payment of the fees. In many districts arrangements have been made for the various local authorities to provide the necessary medical assistance to the midwife, by arrangement with the doctors residing in their various districts, and in the case of the destitute poor this assistance is given through the authority of the Poor Law Guardians, but the adoption of these arrangements is far from universal. The refusal of a doctor to attend the midwife's summons, while certainly legitimate in present circumstances, is to be regretted, since the patients' lives are thereby endangered. Many medical men have, however, without prospect of reward, given their services under these conditions. The best thanks of the Council were given to Mr. Golding-Bird for his services on the Midwives' Board.

## The National Association of Midwives.

It is regrettable that the work of the National Association of Midwives should not receive more encouragement from the Midwives' Institute, because there is ample room for both Associations. The position is this, the National Association consider direct representation on the Central Midwives' Board of supreme importance in the immediate future. Members of the Institute present at the Caxton Hall meeting were not averse to it "some day," but with extreme modesty doubted their capacity to act on the Board at the present time. That being so, the way is surely open for the 28,000 midwives who are not members of the Institute to work for a reform they consider vital. The two societies can work harmoniously side by side, but their point of view being different, they can scarcely amalgamate, although the multiplication of societies may not be theoretically desirable.

# THE BRITISH JOURNAL OF NURSING

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XLIV.

## Editorial.

### THE NURSING IN MILITARY FAMILIES' HOSPITALS.

A branch of the work of the War Office, with which a good many nurses are unacquainted, is the provision and staffing of Military Families' Hospitals in the chief depôts and garrisons. Formerly these were nursed, as a rule, by the wives of soldiers, but during the term of office of Miss C. H. Keer, Matron-in-Chief of Q.A.I.M.N.S., the nursing has been reorganised, and staffs of thoroughly trained nurses are now provided.

Stations at which such hospitals are provided are Aldershot, Chatham, Devonport, Portsmouth, Tidworth, Bulford, Shoeburyness and Cairo, and four of these are recognised as institutions in which pupil midwives may be trained under the rules of the Central Midwives' Board. They thus fulfil a double purpose—i.e., to provide skilled midwifery and nursing care for soldiers' wives in their confinement, and to serve as educational centres (for training in midwifery) for trained nurses. It is an excellent piece of work to have achieved and one which Miss Keer may look back upon with sincere satisfaction.

The Regulations for the Nursing Staff of the Military Families' Hospitals provide for two grades of nurses: (1) head nurses and (2) nurses. All candidates for appointment must possess a certificate of not less than three years' training and service in medical and surgical nursing in a civil hospital, and the certificate of the Central Midwives' Board—thus a high standard is for the future to be maintained in these hospitals. Candidates before appointment are required to produce the necessary certificates and have to attend before a sub-committee of

the Nursing Board, who make recommendations as to their appointment. Arrangements are also made for their physical examination at the War Office. Head nurses are, as far as possible, appointed from the rank of nurses in Military Families' Hospitals, so that there is a prospect of promotion for those who begin as nurses, added to which they are eligible for grants of pensions and gratuities after ten years' service, so that the posts in these hospitals afford an opening which may with advantage be considered by nurses holding the necessary qualifications. The initial rate of pay for nurses is £35 per annum, which is increased £2 annually to a maximum of £45. There is also an allowance of £5 for uniform, and a weekly allowance at home of 15s. a week for board and washing, and abroad of 21s., reduced to 3s. 6d. when free messing is provided. The pay of Head Nurses is as follows: at Aldershot the initial rate is £73 per annum, rising to £83; and at other stations £55, rising to £65.

Pensions are calculated on the rate of pay at the time of retirement, nurses not being retained after sixty years of age. After ten years' service they are 30 per cent. of such pay, rising 2 per cent. each year up to a maximum of 70 per cent. In case of special devotion to duty a pension not exceeding £50 a year may be granted should the rate for which the Head Nurse or nurse is normally qualified be less than the amount.

It must be understood that the nurses employed in these hospitals are not members of Queen Alexandra's Imperial Military Nursing Service, but are engaged by the Nursing Board of the Service under regulations issued with Army Orders dated December 1st, 1909. We commend this branch to the notice of nurses as affording a useful and congenial sphere of work.

## Medical Matters.

### HÆMOPHILIA.

Dr. Paul Fildes, in an interesting article in a recent issue of the *London Hospital Gazette*, describes this somewhat rare disease. The cardinal features are, he says, three in number, and may be boldly summed up in the following definition—an inherited and abnormal tendency in males to bleed.

*Hæmorrhage*.—The question of bleeding may be considered first. The essential feature in this respect is that the application of trauma, which would, in a normal person, pass unnoticed, in a bleeder determines an hæmorrhage, and when this hæmorrhage is established there is no tendency for it to stop in the usual manner. The blood is usually described as trickling or oozing away from a surface in spite of all treatment, and continuing till death ensues, or, which is very much more common, till spontaneous arrest occurs after the subject is reduced to a condition of profound anæmia.

An outstanding feature of hæmophilic bleeding is that in the majority of cases it can be definitely traced to *trauma*. The hæmorrhages are frequently stated to have been spontaneous in onset, but are usually of a nature or in a position commonly liable to slight knocks or pressure. The skin lesions vary from a normal bruise to an hæmatoma according to the severity of the injury.

The liability to hæmorrhage is always *chronic*. It is noticed in early childhood, and makes the existence of the sufferer wretched, throughout youth to manhood, or perhaps old age. It appears, however, to be established that, if adult old age is attained, a progressive decrease in the number and danger of the hæmorrhages may occur, so that in middle life the individual may be practically free.

*Variation in the intensity* of the liability to bleeding is frequently well marked, and has been clearly demonstrated over a period of years by Ripke. A boy may be seen literally covered with bruises and prostrated by some particular bleeding. Pressure with the thumb upon the skin will determine a bruise in five minutes, yet a week or two later the same boy may be free from bruises, react normally to pressure or a needle stab, and even undergo a cut without unusual hæmorrhage.

The *general condition* of the patient at the time of a bleeding is undoubtedly in the great majority of cases, apart from anæmia, good. Fever, malaise, and constitutional disturbance are slight or absent, the former being chiefly seen in cases where the blood is retained within the body. The boy lies quiet and expectant,

"as if," as an author says, "he realised the danger of his position." When the bleeding stops, recovery is usually not prolonged, there having been no further drain on the patient's vitality than the loss of a quantity of blood. The boy regains his habit of gaiety and recklessness, which outlook on life is so constantly mentioned as to constitute a minor feature of the disease.

*Sex*.—With reference to the question of sex in hæmophilia, it is necessary to state that, after an exhaustive examination of the literature, no condition has been found in a *female* in any way closely resembling the disease known as hæmophilia. In the most elaborate and best-known cases, females are definitely stated to have been unaffected, but the literature is full of alleged female bleeders. . . . That the females in bleeder families are abnormal in some unknown particular must readily be admitted. They are the active propagators of the disease, and they differ from normal women in the great size of their families; but that they are liable to hæmophilia is quite unsupported by evidence.

It is, however, impossible to dismiss the subject of hæmophilia in women without reference to that rare and obscure condition, sometimes referred to as hæmatidrosis or sweating of blood. This disease, which is probably a complex of pathological states, constitutes a chronic "hæmorrhagic diathesis." . . . The symptoms consist of hæmorrhage or the exudation of bloodstained fluid under the skin or from any area of the body surface. Of these hæmorrhages, the most remarkable, and that which was considered a marvel, is sweating of blood from the pores, hair follicles, or sweat glands. The attack is often preceded by some violent emotion or sometimes trauma. In any case, the subjects are usually of a neurotic temperament.

*Inheritance*.—It has always been considered one of the most remarkable features of hæmophilia that the disease runs in families, and the earliest reporters were so definite on this point that even in 1820 Nasse had sufficient material at his command to formulate his so-called law—that hæmophilia is propagated entirely by the unaffected females in bleeder families to their sons. This type of propagation is illustrated in every bleeder family, and must be accepted as the rule. It is, however, admitted that in a small number of cases the disease appears to have been propagated through a male, either a bleeder or a normal man. The number of instances, however, is so small that they may represent what might be described as "a descriptive error": in fact, that the assumption of propagation through the male is erroneous.

### Floating Hospitals.\*

In the summer of 1878 New York City was visited by a spell of very excessive hot weather, and the suffering among the poor was very great. The inexpensive summer resorts and trips to the seashore, now so numerous, did not then exist to afford their welcome relief, even if the people had the means to get to them. A member of the editorial staff of one of the large daily papers, while crossing the park surrounding City Hall, was a witness to the sad sight of seeing a company of newsboys chased from the grass plot to the paths where the stones were so hot as to burn their bare feet. The thought occurred to him that if these boys could be given even a day away from the city, great benefit would result, and he undertook to arrange an excursion for them. To carry out his plan he turned for help to St. John's Guild, then a parish organisation working among the poor in their homes. A barge was hired, the children gathered together, and the first excursion became an accomplished fact. The beneficial results were so apparent as to warrant giving another trip during the same year, and in the following summer, through gifts of the public for the purpose, eighteen such trips were given. We have no record of the number who were benefited the first year, but 15,200 persons availed themselves of the opportunity during the second year.

One of the projectors of the scheme who was on board on one of the first trips, and made inquiry of a small lad if he was enjoying himself, received the reply: "Yes, but I wish me nuther and the sick baby wuz along." This remark started the idea of getting mothers with babies, and, in the years since, the development of the work has been with this in mind. The vessel now in use is not the excursion barge of the beginning, but a hospital completely equipped to care for day patients. The present mortality among infants during the summer months is very much less than in former years, and authorities give credit for a good measure of the reduction to this Floating Hospital work.

In 1875 a vessel was bought and rebuilt for the special purposes of the Guild. This was supplanted in 1899 by a larger boat, especially built and equipped. A description of the "Helen C. Juilliard," named after the donor, will be of interest to those who are thinking of organising a similar work.

The vessel is of wooden construction, 212 ft.

long, 12 ft. beam, 750 tons. It cost \$33,000 to construct and \$10,000 to furnish and equip. On the main deck amidships is a large open space where are the gangways and the stairs leading to the decks above and below. This affords ample room for the reception of patients and their distribution on board. Forward of this space there are two wards, one on either side of the vessel, each ward containing nine cribs. The babies who because of their condition should be placed in bed, are conducted immediately to these wards. A graduate nurse is in charge. Forward of these wards is the Superintendent's office and staff cabin. Aft of the space referred to is a large bathroom, hereafter mentioned. Still further aft are dressing-rooms for the nurses and maids, and in the extreme stern is a toilet room for the patients. This room is entered by means of a special stairway from the upper deck, so as to keep the people from the parts of the boat where the crew has to have free passage.

Below this main deck, in the bow, is the fore-castle, where part of the crew sleeps. The crew are the only persons who sleep on board at night. Aft of the fore-castle is the galley. Aft of this are storerooms, pantries, etc., and then a large dining-room, seating 400 persons at a time. In the stern is the engine-room. The vessel has not its own propelling power, but is towed. This eliminates the danger from fire. The engine on board is a small one for pumping salt water to the bathroom and keeping the toilets flushed. Hot water is supplied from the boiler.

The upper deck is entirely open, except for a small compartment where the feedings for the infants are prepared. On the top, or hurricane deck, are located the pilot house, the captain's room, the berths for some of the crew, and at the stern an isolation ward.

Contagious diseases are excluded, but it one should be inadvertently passed in the admission of patients, and discovered afterwards, it can be kept away from the other patients on board.

The bathroom has tubs for bathing babies, with fresh and salt water connections. Medicated baths are given as prescribed by the physician. The room is also furnished with about forty shower sprays, and the older children and mothers can take salt water shower baths. A graduate nurse is in charge of the bathroom. The mothers give the baths to the babies, unless they seem not to know how, and then they are given by an attendant, the nurse standing by to give instructions to the mother. The nurse watches out for any

\* Contributed to the International Congress of Nurses, London, July, 1909, by the St. John's Guild of New York.



skin eruptions which should have the attention of the physician.

The milk booth is also in charge of a graduate nurse, who prepares the feedings as prescribed by the doctor and instructs the mothers in the preparation of them. Two other graduate nurses are on the upper deck, circulating among the mothers, observing the babies and children, in order that those who require it may have the attention of the physician when he makes his rounds, talking with the mothers, and instructing them in the general care of their children as to clothing, bathing, diet, etc., etc.

The baby patients for this hospital need not be actually ill. Those ailing and fretful from teething, prickly heat, slight intestinal troubles, and the like, are proper cases. It must have been inferred from what has gone before that the mothers are admitted with the children, and in order that they may have no excuse for not bringing their babies, they are allowed to bring the other small children in the family who cannot be left at home. The whole family is thus under the observation of the physician and nurses. Those who do not actually need treatment have the benefits of the day in the fresh air.

During the morning, and again in the afternoon, milk is distributed for the older children, and at noontime all who are not on diet are given a warm dinner. The mother has practically nothing to think of but to reach the landing place on time—no feedings for the bottle-fed babies to bring, no lunch to prepare, etc.

The work is for the poor only, and is absolutely free.

Tickets for the hospital are widely distributed among hospitals, dispensaries, day nurseries, milk depôts, settlement houses, churches, doctors, druggists, and others, and can be had for the asking. The idea is, besides helping the babies, to give the mothers, so often weary and worn with the care of their little ones, as little trouble as possible.

The vessel is licensed to carry 1,600 persons, and operated as it is, costs about \$250 a day. Trips are made daily except Sundays, alternating between the west side of the city, the east side of the city, and Brooklyn. The route of the vessel is to an anchorage off New Dorp, Staten Island, where St. John's Guild maintains the Seaside Hospital for the babies requiring prolonged treatment. This route affords a sail of about 26 miles, and keeps the people in the air for six or eight hours.

This paper has been written with the idea of helping those who have the organisation of a similar work in mind, and therefore deals more

particularly with the description of the vessel, its equipment, and method of operation. What these trips do for the people who take them cannot well be stated. Many of the babies are brought on board in the morning pale, peaky, and irritable. Soothed by the bath, or with pain allayed by gentle care and proper treatment, under the spell of the fresh, salt air, they are revived and strengthened, and return in the evening with bright eyes and with colour in their cheeks. The mothers, too, worn and tired from nights of vigil and days of anxiety, find rest and refreshment, and their countenances transformed by seeing their loved ones better, speak their gratitude more eloquently than words. The work is well worth the doing, and the results warrant the expenditure for its maintenance.

## Something About Old Sisters.

### PRIZE PAPER.

Prominent in my memory stands the figure of Sister Monica, whom I still believe to be the best and most devoted nurse I have ever known. I entered one of the London hospitals in 1884 as probationer in the children's ward. Sister Monica was then Night Sister, and the first time I saw her she came into the kitchen to explain the working of a machine (which, I believe, she had herself given) to teach backward children to walk. She was short, with a fresh colour and dark hair, and wore glasses. I still seem to see her as she looked straight into me and asked me to dust the "walker." Very soon after she became Sister of this ward, and to her I always feel I owe what is my strongest point—success with babies. She was strict and stern, never passing over a fault, but she was also just, and what she said today was as the law of the Medes and Persians till she finally altered it. I don't think the raft theory was evolved then, but I was taught to dust in a manner that would gladden the heart of its most ardent disciple.

"Never spare yourself," "Nothing but your *best* is good enough for nursing," and such like principles she tried to instil into us by precept and practice, but chiefly the latter. I well remember my shame when, late one midday with my after-dinner sweep, she took a second broom and swept one side of the ward herself. Many times by evening I have been so tired I almost wished I might be found unsuitable and sent home, but her kind "Good-night, nurse," as I went off duty made me quite eager for the morning when I might try again. She inquired my name and how I spelt it when I

first came under her, and never forgot either. With was a gift possessed by few of the other Sisters. She became Matron after, and about six of us, who became nurses about the same time, called ourselves "Sister Monica's own." She was always vexed if a nurse tried to excuse herself when reprimanded, but if one waited patiently to the end of her lecture, she would always say, "Why did you do so, nurse?" or something similar, and so give one opportunity to offer explanation or extenuating circumstances. We were rather a young lot of probationers, and after the stern discipline and strict etiquette of the wards, were apt to play childish tricks when off duty. On one occasion we dressed up a dummy nurse. (She had no face, poor thing, but someone lent a tail of false hair!) One probationer suggested the dummy should be put into the dormitory passage to trick Night Sister when she came along to see that our lights were all out. The figure appeared to be kneeling on a chest of drawers, and, oh, our horror when we heard Sister Monica's voice: "Who is that?" What folly is this? "Come down, nurse," etc., etc., till she reached the dummy, but she only said then, "Goodnight, nurses; make haste to bed," and we still do not know what brought her at such an unusual hour on our floor. In those days our uniform dresses were allowed a tail of a certain length, and I well remember having to stand while Sister Monica measured mine, which was found double the allotted number of inches! We were not taught the cost of dressings, etc., but woe betide the probationer found using anything wrongfully or wastefully. "Do you suppose," Sister Monica would say in her severest tone, "that charitable people give their money to this hospital that you may waste things like that?" And I am glad to say I still hear it passed occasionally from one of my private patients to another that "nurse is not extravagant."

A great contrast to Sister Monica in appearance and most other things was Sister Winifred. She was tall, somewhat colourless, and placid. She gave us our first (and almost only) lectures, and she certainly taught us patiently and well. Based on Blackie's school series, she gave us lectures on physiology which, as we understood and remembered them, made a splendid foundation for any after knowledge. She always went over the old lecture before going further, and never thought it a trouble to explain away or correct our mistakes. Sister Winifred would also give an occasional lecture on any special case, such as the only (so far as my experience goes) case of hydrophobia. To her we mostly went for such information as we

desired, and she would always tell us, or say, "I don't know, nurse; but I will look it up or ask one of the doctors." She was excellent in theory, but not very practical. I have vivid recollections of my agitation when, from the kindest motives, she would come to help me make beds if the ward were extra heavy, but she would not put the middle crease of the sheet exactly in the middle of the bed, nor did an inch or so difference in the distance of the counterpane from the floor concern her. But we all loved her, and I think she taught us nearly all the theory we learned.

Then there was Sister Julia, who used to scare me nearly out of my wits. She would come and stand *very* close to one, and say, with a stern mouth and a fixed eye, "Nurse, did you do so and so?" "Yes, Sister." Then, with an out-of-your-own-mouth-will-I-condemn-you sort of air, the mouth still sterner and the eye more fixed, "You are sure you did?" With a feeling of guilt and horror, I would meekly say again, "Yes, Sister." "Oh, that's all right, then; I was afraid you might forget!" And with a smile and benign eye she would waddle away, leaving me to recover; but it was some time before I used to her ways.

Sister Mary was another old Sister, and (as success went in those days) successful surgical nurse. She was adored by most of the patients and nurses who came under her, but, to my mind, she was too unlike and sexless to be sympathetic; she always seemed to be above the petty joys and sorrows of every day. We had among our Sisters a fair number who were members of good families, and perhaps that is why there are fewer peculiarities to write about, since education in their day tended to turn out women more of one pattern.

E. M. DICKSON.

## Our Prize Competition.

### THE PRETTIEST PATIENT.

We have pleasure in announcing that our prize of 10s. for a photograph and description of "The Prettiest Patient" has been awarded to Miss Newton, Queen's Nurse, Carrickfergus, co. Antrim, Ireland, for the photograph and description of "A Child of Erin."

The photograph of "A Small Damsel of Three Summers," sent by Miss K. Mary Hull, 22, High Street, Manchester Square, W., is also accorded honourable mention. We hope to publish the Prize Photograph next week.

We also consider that the photographs sent by Miss Metcalfe, Miss E. James, and Miss Oliver should be highly commended.

## World-Wide Grief.

Mrs. Bedford Fenwick wishes to express warm thanks to all those who have during the past fortnight written to her in terms of so much kindness concerning the death of their dear mutual friend, Miss Isla Stewart. She feels they will realise that it is from no lack of appreciation that she has not replied personally to them, and that she values their sympathy very deeply.

Surgeon-General W. L. Gabbins, C.B., M.V.O., Director-General of the Army Medical Service, has written to Lord Sandhurst, Treasurer of St. Bartholomew's Hospital, "on behalf of the Army Nursing Board for Queen Alexandra's Imperial Military Nursing Service, to express their extreme regret at the news of the death of Miss Isla Stewart, who was so long one of its most respected and able members. The work, diligence, and admirable advice tendered by this lady on all occasions will ever be remembered."

Lady Truscott also wrote to Lord Sandhurst to express the deepest regret, and to say that Miss Stewart rendered to her, as Lady Mayoress of London, 1908-1909, the greatest assistance in forming a Nursing Service for the city in connection with the Territorial Forces, and to express her sincere sympathy with the Treasurer and Governors of St. Bartholomew's Hospital.

At a meeting of the Scottish Nurses' Association, held on 19th March, the President, Sir William Macewen, in his opening remarks, made sympathetic reference to the death of Miss Isla Stewart, and the Hon. Secretary was instructed to inform the Society for the State Registration of Trained Nurses of the sympathy of the Scottish Nurses' Association, and their sense of the great loss which the nursing world has sustained through the passing of Miss Stewart.

During the past week letters have been received from France, Italy, Holland, and Finland expressing the genuine grief occasioned by the news of Miss Isla Stewart's death. In every country where trained nursing exists she was affectionately esteemed as a woman, and revered as a professional leader. All deplore the loss of a dear friend—proving appreciation of her sympathetic personality—and the loss to the world of nursing.

The Baroness Mannerheim, President of the Finnish Nurses' Association, writes from Helsingfors: "It seems almost incredible that she

is no more, the genial, kindly hostess who last summer gave us such a splendid welcome in the glorious old Hall at Bart's, that she who for years has been working so unselfishly for progress in nursing all over the world, will no longer be with us at the meetings of the International Council of Nurses.

The Finnish nurses, who were with me in London last summer, wish me to convey to you the expression of their deep concern and sympathy, in which I am one with them."

Miss Tilanus, President of the Dutch Nurses' Association, is deeply moved by the sad news, and considers the loss irreparable.

### IN MEMORIAM OF ISLA STEWART.

A TRIBUTE.

*With Sincere Sympathy.*

Silently, sadly, slowly, lay her here a space.

Midst these hearts that loved her; 'tis her chosen place.

Tenderly leave her spirit, to the Father's care.

Sorrow, loss, and turmoil, cannot touch her there.

Tender with all suffering, upright, true as steel,

Ever with high courage, modest, full of zeal;

"Called," she made her calling, something near sublime;

Crown her with yon laurels, leave her name to Time.

See the silent watchers, gathered round her bed,

Hush, tread slowly, softly; leave them with their dead.

Swiftly passed her spirit, to the realms of light,

Pugh she held her standard, thro' the hard-won fight.

Earth may bring its riches, rank may bring its power,

But the Spirit giveth, gifts of greater dower.

"Called," she heard the summons; answered, "Lord, I come!"

We in grief unite and say, "Lord, Thy will be done."

MADGE SUTTON.

### The £100 Registration Fund.

	£	s.	d.
Brought forward ... ..	57	14	2
<i>Sent in memory of the faithful services to the Registration Cause of Miss Isla Stewart.</i>			
The Misses Whitley ... ..	5	0	0
Miss Edith Edwards and Miss L. H. Ulph ... ..	5	0	0
The League of St. John's House Nurses ... ..	1	1	0
The Chelsea Infirmary Nurses' League ... ..	1	1	0
Miss Stower ... ..	1	0	0
	£70	16	2

## A Pioneer Worker.

We briefly announced last week the death of Miss Helen Ligertwood, for eight years Lady Superintendent of the Kent Nursing Institution, West Malling, which will come as a great sorrow to her many friends and former nurses. The funeral took place on Wednesday in last week at the Cemetery, Harrow, and amongst those present were Mr. A. Edmond (a brother-in-law), Miss Clay (representing Colonel Thomas Ligertwood, M.D., C.B., a cousin), Miss A. Kelly, Lady Superintendent of the Kent Nursing Institution, West Malling, and the following nurses:—Miss M. L. Piggott, Miss E. Gisby, Miss C. Tunaley, Miss E. Bailey, Miss E. Dinne, Miss M. MacIntosh, and Mrs. S. G. Lidyard, R.N.S.

Flowers were sent by Miss A. Ligertwood (sister), Dr. Ligertwood, Mr. A. Edmond, Lady Isobel Bligh, the Hon. Mrs. Dale, Miss Timins, the Lady Superintendent and Staff of the Kent Nursing Institution, West Malling, Miss Russell, Lady Superintendent of the Nursing Sisters' Institution, Devonshire Square, E.C.; Nurses Tunaley, Gisby, Dinnie, Leddy, Broughton, and S. G. Lidyard; and Mrs. Palmer, Mr. and Mrs. Bolter; and Little Margery.

The service was conducted by the Rev. Percy Stowers, M.A.

Since she left West Malling, in 1902, on account of failing health, and went to live at Harrow, Miss Ligertwood has been most devotedly cared for by Miss Catherine Tunaley, one of her former nurses at West Malling, who has done everything possible for her care and comfort.

Nurses who obtain their hospital training at the present day, when nursing is a desirable calling for girls to enter, can scarcely realise what it meant to adopt it in the seventies, and early eighties. Grit, determination, and high purpose were all needed to meet the opposition of relatives, the disapproval of friends, and the conditions encountered on entering the hospitals. Let us keep fragrant the names of those who, like Miss Ligertwood, have helped by their personality and work to lay the foundations of our profession.

## Queen Victoria's Jubilee Institute for Nurses.

### EXAMINATION PAPER.

The following is the paper set in the examination for the Roll of Queen's Nurses, March 10th, 1910:

1. What precautions would you take if a case of typhoid had to be nursed in a poor home with regard to

- (a) The patient.
- (b) Other members of the household.
- (c) Yourself.

2. How may ophthalmia neonatorum be caused, and describe in detail the ways in which a nurse can assist in its prevention or cure?

3. What is the essential object of all cooking processes? Explain the changes which bread and meat respectively undergo when baked.

4. Which clauses in the "Children's Act" affect district nursing specially? Or

4a. What is the difference between school nursing and school inspection? Can both, or either, be combined with a district nurse's work? Or

4b. Give some illustrations of the work of charitable agencies with which you are familiar for the relief of poverty and distress.

5. (a) What measures are employed to prevent sewer gas from escaping into a house through the water closet?

(b) How can the drains of a house be tested to discover

whether they are in good order or not?

6. How would you give a vaginal douche to a district case? Give reasons for the methods you would adopt. What are the purposes of such a douche?

Questions 1, 2, 3, 5, and 6 must all be answered. Questions 4, 4a, and 4b are alternative; one only of these must be answered.

N.B.—Three hours is allowed for the examination.

It is evident that a very practical knowledge of the conditions they have to meet in their work is expected of Queen's Nurses.



MISS HELEN LIGERTWOOD.



## The Scottish Nurses' Association.

The Scottish Nurses' Association met in the Masonic Hall, West Regent Street, Glasgow, on Saturday, March 19th, at 1.30 p.m. There was a very large attendance of nurses and honorary members.

The Secretary, Dr. Robertson, read numerous apologies for absence, including those from Lady Ailsa and Lady Helen Munro Ferguson, honorary members.

Sir Wm. Macewen, the President, after congratulating the Association on the large attendance at one of the earliest meetings, made sympathetic reference to the loss which the nursing world had sustained in the death of Miss Isla Stewart, Matron of St. Bartholomew's Hospital, London, who had taken a very active part, even during her last illness, in the promotion of State Registration. He then described the formation of the Scottish Nurses' Association by a number of matrons and nurses in various parts of Scotland, who realised the necessity for united effort on the part of the nurses themselves to obtain the opportunity of discussing questions affecting nursing interests, of forming opinions, and of voicing these opinions; to be independent of extraneous aid, and to be helpful to one another. Although only formed seven months ago, the Association had already justified its existence both as regards members, of whom there were many hundreds, including a large number of matrons and superintendents of nurses, and by the work which it had done. He pointed out how unsatisfactory the present position of nurses is, where anyone may don a uniform and call herself a nurse, and be accepted as such by the public, who pays the same price for the untrained as the fully trained; how unequal the training of nurses is, even in the larger schools; and how very varying the standards of examination are. By State Registration this would all be changed; the qualified would be distinguished from the unqualified; all training schools, large or small, would be required to comply with the code of education set by the State, and the State, by means of uniform examinations held from time to time throughout the Kingdom, by unprejudiced examiners, would determine what constituted a trained nurse. The qualified nurse would probably receive a State diploma, and might be distinguished by the qualification, N.D.N.—National Diploma in Nursing. He next asked why the Universities, which provided for the education of women as doctors, had not thought it worth their while to provide the theoretical part of a nurse's curriculum, and he then went on to compare the unsatisfactory condition in our own country with the excellent organisation which exists in many of our Colonies, and particularly on the Continent, where a thoroughly organised nursing staff is recognised as a necessity in times of peace, and a very important part of the military mechanism in time of war. He lastly explained shortly the aims of the single portal system, for which they were fighting, with its three years' course of training, with a defined curriculum, prescribed by a Central Nursing Council, and con-

ducted in recognised hospitals and nursing schools, and its uniform State examination, conducted by examiners appointed by, or with the approval of, and under the supervision of, the Central Nursing Council, at suitable centres throughout the Kingdom, and expressed his indebtedness to the other delegates of the Scottish Nurses' Association, who, at short notice, and at their own expense, had gone to London to attend the conferences.

Mrs. Strong, ex-Matron, Glasgow Royal Infirmary, who was loudly cheered on rising, next spoke. She said that, having spent the greater part of her life as a Matron in a nursing home and in hospital, at Dundee and Glasgow, she thought it would be granted that she knew something of the requirements of Scottish nurses. She shortly traced the developments of trained nursing from the time of Florence Nightingale and Mrs. Wardroper, of St. Thomas's Hospital, to the present, describing the commencement of the movement in Glasgow and the West of Scotland, when Sir William Macewen addressed the nurses of the Royal Infirmary on New Year's Day, 1891, asking if nursing could not be raised to a distinct profession, with its minimum requirements, theoretical and practical, its teachers, examiners, and its diploma, the scheme suggested being adopted by the managers in 1893. While many hospitals both train and examine their nurses now, there is no recognised standard, and uniformity is much required. Some Scottish nurses had proved themselves equal to the demands of a Central Board, as illustrated by their having passed the stiff examinations set by the Royal British Nurses' Association. Not one of the nurses who have gone up from the Glasgow Royal Infirmary had failed at this examination, and it presents this great advantage of their being examined by an independent Board, which does away with all partiality. She strongly urged all members who wish to take a high place when Registration comes into force to enter for the examinations of the R.B.N.A., as these examinations are thorough, and nurses who pass them gain the diploma of the association. The R.B.N.A. is the only body in the Kingdom which is authorised to grant a diploma, and this diploma is already recognised as a qualification of out-standing merit. She then described and commended the objects of the Scottish Nurses' Association, of which she was proud to be a Vice-President.

Miss Wright, Matron, Stobhill, described the work which the Association had done, particularly at the conferences in London, where it had worked hard to get increased representation for Scotland on the Council. She was sure what would most appeal to nurses in Registration was the guarantee they would obtain of securing a systematic, methodical, and adequate training.

Miss Waddington, Matron, private nursing home, spoke of the benefits which would be derived by nurses who were trained out of London from passing a State examination, particularly if they intended practising in the Colonies or on the Continent.

Dr. Devon, Glasgow, explained some misconceptions which had arisen regarding the proposed fee

for examination and registration. Five guineas was stated, not as the rigid fee to be imposed, but as the maximum which could be imposed, and he knew that, guided by the experience with other Registration Bills, the Crown authorities would be very slow to permit the passing of a Bill which did not provide its own working expenses. Some had objected to the paying of representatives on the Central Board, and had pointed out that it would be easy to get representatives who would pay their own expenses. His experience was that when you did not pay a person to act for you that person was not your representative, but an independent individual, who naturally did not voice your views, for which he did not care, but his own. If nurses wished to send real representatives, who would look after their interests and not their own, they would require to pay these representatives, as the Bill now before Parliament proposed they should do, the expenses being covered by the fee for examination and registration. Nurses already in practice at the time of passing of the Bill would only require to pay the portion of the fee—that for Registration.

Dr. Fraser, Paisley, spoke from the practitioner's and small hospital's standpoint of the desirability of a uniform minimum standard of examination for nurses.

Dr. Core, Stobhill, reminded his hearers that while the Association had a political side, which had recently of necessity been very active, it also possessed a social side, and he hoped the time was not far distant when the Association would possess a club-room in Glasgow.

Dr. Johnston, Beldivere, spoke of the necessity of fever nurses being alive to the change which Registration would produce in their position, and of taking steps to secure adequate recognition of their excellent training, both in fever and medicine, which they obtained in a fever hospital.

Dr. McGregor Robertson, Glasgow, summarised the objects of the Association with reference to Registration, and explained how the Association had done all in its power to forward the interests of Scotch Nurses, including the fever nurses, whose position, as Dr. Johnston had pointed out, had been threatened.

Dr. Wallace Anderson then proposed a hearty vote of thanks to the Chairman, and Mrs. Strong, who had specially come up from Wales to address them, and the other speakers, and the meeting then terminated.

## International News.

We are informed by our International President, Fraulein Agnes Karll, that Miss Thérèse Tamm has accepted the office of Hon. Vice-President for Sweden of the International Council of Nurses. She writes in a very nice letter, "she will try and do her best for nursing." At present the Swedish nurses have not formed a National Council, and until they do their interests could not be more intelligently represented than by Miss Tamm, who is a very clever and charming woman.

## The Irish Nurses' Association.

The annual meeting of the Irish Nurses' Association took place at the Rotunda Hospital, Dublin, on St. Patrick's Day, March 17th. The usual custom for the past has been to combine business and pleasure in these meetings, and this was very successfully accomplished on Thursday evening. Through the kind intervention of Miss Ramsden (to whom was voted a resolution of thanks), Matron of the Rotunda Hospital, and past President of the Association, we were given the Pillar Room of the Rotunda, which is large and beautiful. A ball having been held there the night before, it was most tastefully decorated, and the garlands, lamp-shades, and everything else, were left up for our meeting, and when it was filled with nurses, in all their different indoor uniforms, it was a pretty sight. Another room was given us for the tea, all the provisions of which had been provided through individual members of the Executive Committee, to whom the nurses owe a debt of gratitude. Several of these also undertook the preparation, notably Miss Ramsden, assisted by a large number of her nurses; Miss MacDonnell, R.R.C., our new President; Miss Hughes, Portrane; Miss Reeves, Miss Goulding, Miss Pate, and many others. Home made cakes and sandwiches were the order of the day, and were much appreciated. During the evening oranges sent by Miss O'Flynn, Temple Street Hospital, and sweets from Miss Shuter and Miss Reeves were handed round during the dancing, which all much enjoyed. Nearly all the members of the Executive sent cakes, jam, tea, sugar, milk, cream, and all the requisites, so that the funds of the Association were not called upon, which was a most generous effort on their part.

At 7 o'clock the chair was taken by the out-going President, Miss Lamont, who gave a most interesting résumé of the working of the Association during her year of office. She was followed by Mrs. Kildare Treacy, Hon. Secretary, who read the minutes of the last general meeting, and also the financial statement.

### THE NEW PRESIDENT.

Miss MacDonnell, the new President, then took the chair, and Miss Huxley moved a resolution in warm terms of praise, to thank Miss Lamont for her conduct as President for the past year. She said that "always most courteous and dignified, she never sacrificed principle for expediency," but filled her office to the admiration and satisfaction of all who came in contact with her. This was seconded by Miss Ramsden, who said she fully endorsed all Miss Huxley had said. The resolution was carried with acclamation.

The other officers who had been voted for were then announced, viz.:

*Vice-President:* Miss Irene Keogh, Matron, Richmond Hospital.

*Hon. Secretary:* Mrs. Kildare Treacy, Matron, City of Dublin Nursing Institution.

*Finance Committee:* Miss Huxley, Elpis; Miss Kelly, Matron, Steevens' Hospital; and Miss Sutton, Matron, St. Vincent's Hospital.

**Executive Committee:** Six nurses were elected to sit on the Executive, viz., Sister Kerr, Sir Patrick Dun's Hospital; Sister Chadwick, Rotunda Hospital; Sister Thornton, Elpis Private Hospital; Sister Jardine, Richmond Hospital; Nurse Potter, St. Vincent's Hospital; and Nurse O'Donnell, City of Dublin Nursing Institution.

**Secretary:** The appointment of the new Secretary, Miss Carson-Rae (late Matron of Cork Street Fever Hospital) was announced to those present; and she received a large number of annual subscriptions.

A letter was read from Miss Hannan, Matron of the Mater Infirmorum Hospital, Belfast, announcing that about 40 of her staff were joining the Association, and that she regretted not being able to be present on that occasion. The Hon. Secretary told the nurses that the Association had arranged to give £5 towards defraying the expenses incurred by the Central Registration Committee, as arranged at the late Conference; she asked for a show of hands as to who were willing to give their mite, and all present responded. This ended the business part.

A concert had been arranged by Sister Baker, Rotunda Hospital, who contributed two songs herself, by Helmund. She possesses a beautiful voice, and was warmly received and encored. Nurse Watson (of the same hospital), a fine contralto, sang "I know a lovely garden" (D'Hardelot), "When I Awake" (Ellen Wright), "Annie Laurie" (arranged by Lehmann), and "Absent" (Metcalfe), (encored). Nurses Baker and Jenner also sang, and the latter acted as accompanist. Nurse Duggan (Sir Patrick Dun's Hospital) danced a jig in the costume of an Irish colleen, and looked one to the life. Nurse Meenan also played. Dancing went on until 11 o'clock, when Sir Roger de Coverley ended a most pleasant re-union. About 200 Matrons and nurses were present, and it is to be hoped that next year may see even a larger number, owing to the enlarged membership of the Association.

V. R.

#### ULSTER BRANCH.

On the 11th March the Irish Nurses' Association, Ulster Branch, held their annual meeting in the Nurses' Club Room in Belfast. Miss Workman, the Hon. Secretary, read the report, which stated that there are now 127 members of the branch, 46 having joined during the year; 18 of the members, however, have not as yet paid their subscription. The doctors have been most kind in giving many interesting lectures, and the Amusements Committee have organised several very successful social evenings.

The two new Vice-Presidents who were then elected for the year 1910 are Miss Howlett, Matron of the Belfast Infirmary, and Miss Melville, Matron of the County Antrim Infirmary. The Finance and Amusements Committee were re-elected. It was announced that the Irish Nurses' Association have decided to lower the annual subscription. In the future probationary nurses and country members will only be asked to subscribe 1s. per annum, and staff nurses 2s. 6d. It is hoped that all Irish nurses will now join the Association, as the subscription is so

moderate. These small sums include the use of the Club Rooms in Belfast or Dublin.

Lady Hermione Blackwood, President, was in the chair, and addressed the meeting. She mentioned the principal events in the nursing world during the past year, and spoke of the International Congress of Nurses, the District Nurses' Conference at Liverpool, the State Registration Bill, and the Scottish Nurses' Association. She concluded by proposing the following resolution, which was seconded by Miss Newman in a few very feeling words, and which was passed unanimously:—

"That this branch of the Irish Nurses' Association desire to place on record their deep sense of the loss the nursing profession has sustained by the death of Miss Isla Stewart."

The business meeting then terminated.

Tea was afterwards served and conversation became general.

#### NEW MEMBERS.

The following nurses have been elected members of the Irish Nurses' Association:—

SIR PATRICK DUN'S HOSPITAL, DUBLIN.

Sisters: M. Berry, M. Stanley, C. Toole.

Nurses: J. Mulhall, R. Crilly, M. Jessop, A. Beveridge, M. Scott, S. Donaghue, H. Ashmore, E. Blackmore, K. Lankester, J. Deacon, E. McIlwaine, J. Drew, C. Tuohy, L. Oldham, O. O'Neil, A. Maguire, C. Gilmartin, R. Magee, A. Turnbull, M. Graydon, A. Long, A. Meredith, C. McGarry, M. Keane, B. Williams, M. McMullen.

### Appointments.

#### MATRON.

Waddington Cottage Hospital, Clitheroe, Lancashire.—Miss Catherine W. Smart has been appointed Matron. She was trained at the Royal Infirmary, Edinburgh, where she has held the position of Charge Nurse.

#### NIGHT SUPERINTENDENT.

Sanitary Hospital, Bournemouth.—Miss Lily Gray has been appointed Night Superintendent. She was trained at the County Hospital, Motherwell, and the Crumpsall Infirmary, Manchester, where she also held the position of Ward Sister. She has also had experience in private nursing, and has acted as Health Visitor in Bournemouth. She is a certified midwife.

Kent and Canterbury Hospital, Canterbury.—Miss Clara Sayers has been appointed Night Sister. She was trained at the West Ham and East London Hospital, Stratford, E., and has been Charge Nurse on night duty at the West End Hospital, Welbeck Street, W., and has had experience in the nursing of infectious diseases at the Brook Hospital, Shooter's Hill, S.E. She has also done temporary Sister's duties at the Kent and Canterbury Hospital.

#### SUPERINTENDENT NURSE.

York Workhouse Infirmary.—Miss Marguerita Mullin has been appointed Superintendent Nurse. She was trained at the Sheffield Workhouse, and has held the position of Charge Nurse and Maternity Nurse at the Sculcoates Workhouse, Hull, and of Night Superintendent and Superintendent Nurse at Newbury Workhouse.



#### QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Miss K. J. Stewart, Staff Nurse, is confirmed in her appointment, her period of provisional service having expired. The name of Miss F. L. Trotter, Staff Nurse, is as now described, and not as stated in the *Gazette* of February 1st.

#### QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES

*Transfers and Appointments.* Miss Catherine Rudd, to Birstall; Miss Amy Bounds, to Horsforth; Miss Gwladys Griffiths, to Hertford; Miss Alice Walmesley, to Llandilo; Miss Millie Owen, to Coedpoeth; Miss Louie Roberts, to Llanabhaiarn; Miss Wilhelmina McKinnell, to Little Shelford; Miss Sarah Hewson, to Swinton.

### League News.

#### GUY'S HOSPITAL PAST AND PRESENT NURSES' LEAGUE.

A course of six post-graduate Lectures has been arranged to commence on Tuesday, April 5th, 1910, in the Nurses' Home, at 8 p.m. The lectures will be given by H. C. Cameron, Esq., M.D., and E. C. Hughes, Esq., M.C., of Guy's Hospital, on "Recent Changes and Treatment in the Medical Wards," "The Mental Factor in Disease," "Recent Surgery," and "The After Treatment of Abdominal Operations."

The Lectures will be printed in pamphlet form, and sent post free to all subscribers. The fee for the course will be: Members, 5s.; non-members, 7s. 6d.

Intending subscribers should send in their names to the Matron as soon as possible.

#### CENTRAL LONDON SICK ASYLUM NURSES' LEAGUE.

The inaugural meeting of the Hendon Branch of the Central London Sick Asylum Nurses' League was held at Hendon on Wednesday, March 16th. There was a very good attendance of former members of the nursing staff, who were delighted to meet again under the old roof. Tea was served at 4.30 p.m., and business commenced at 5. Miss Smith as Chairman explained the objects of the League, and put before the meeting the suggested rules, which were discussed and passed in a most spirited and business-like manner. The following officers were elected: *President*, Miss Elma Smith; *Vice-President*, Miss M. A. Trueman; *Hon. Treasurer*, Miss E. J. Pearce; *Hon. Secretary*, Miss E. Lloyd, and the following six members, to form the Executive Committee: Miss Panchard, Miss Bell, Mrs. Manning, Miss Schuler, Miss Harbott, and Miss Rtshe.

Miss Ada Brown was elected to be Magazine Editor, and Miss E. J. Pearce Sub-Editor. Either lady will be pleased to receive and consider any articles or suggestions for the Journal, from members, and also advertisements for insertion on the cover. If any of the old nurses of either Cleveland Street or Hendon Infirmarys, have not yet been communicated with will they kindly write to their respective Matrons as several letters giving notice of the League have been returned by the Post Office.

### Nursing Echoes.



The Earl of Aberdeen has written to the Hon. Secretary of the Royal Hants County Hospital, Winchester, Captain Carey, R.N., expressing his own and Lady Aberdeen's desire to present an ambulance to the hospital, and, if necessary, to provide a shed for its accommodation. In the course of the letter, which expresses deep gratitude to the authorities, the Lord Lieutenant of Ireland says: "We feel that he (Mr. Gordon) could not possibly have been taken better care of anywhere in the United Kingdom, and we should like to pay our tribute to the skill and devotion of Dr. Godwin and the unremitting attention of Dr. Laurie." They also acknowledge "the great personal kindness" of the Matron, Miss Carpenter-Turner, and express "grateful remembrance" of the great services rendered by the nurses in charge of their son, especially Sister Watson and Nurse Howard, and they trust that the redecoration of the nurses' sick-room will be accepted as a token of their feelings in this regard. To the porters and servants they also desire to express special thanks. The letter will come before the Court of Governors at their next meeting.

Lady Minto has been presented by the ladies of Bengal, including many Purdah ladies, with a diamond brooch on the eve of her departure from India. The presentation was made by Lady Baker, who spoke of Lady Minto's deep interest in the women of India, and their education, as well as in nursing and hospitals. The Nursing Association which bears her name will be a permanent witness to her Excellency's desire to provide skilled nursing for sick Europeans in India.

The Prince and Princess of Wales have presented a brooch to Nurse Schilling, who was one of the two nurses chosen to nurse Prince Albert of Wales during his recent illness.

The Vicar of Islington, the Rev. C. J. Procter, presided at the annual meeting of the North London Nursing Association, held in the King Edward Hall, Canonbury Tower, Islington, last week. The Association is doing a most excellent work amongst a crowded population—men and women, whom the Chairman described as stowed away in garret and cellar—a



poor population with hardly enough to meet the necessities of food much less of sickness—and these conditions were increasing in Islington year after year. Referring to the need of increased support from churches and chapels, he said that he did not believe that the public was irresponsible to the cry of human pain if only it were brought tangibly and impressively before them. People were thoughtless, "only because they did not think." They were apt to shut themselves up in their own affairs. A "hearty and heartfelt" vote of thanks was accorded to the devoted Superintendent and nurses.

Many hospital governors are just now holding their annual meetings, and we are glad to observe that Matrons and nursing staffs have received some well-merited thanks. Although the best work is not done with a view to appreciation, it is none the less pleasant when accorded. At the Royal South Hants and Southampton Hospital, the Chairman of the Committee of Management, Mr. Courtenay F. Wilson, J.P., thanked the Matron, Miss Mollett, for the care she had taken of the institution; at the Bristol General Hospital the able report for the past year, presented by the Secretary, Mr. W. Thwaites, stated that the appointment last year of Miss A. E. Densham as Matron has given the Committee abundant cause for congratulation. Miss Densham soon gave evidence of the earnestness, tact, and ability with which she undertook the responsible duties of her important post. The committee are specially happy in the knowledge that Miss Densham has so soon won the confidence and affection of the nursing staff, and have every reason to be satisfied with the arrangements made for the systematic instruction of the nursing staff. The care bestowed upon this most important work by the honorary staff and the Matron is evidenced in the increased proficiency already attained, and the demand for the services of the private nurses.

At the Cottage Hospital, Surbiton, the Chairman, Mr. R. S. Bond, said that an innovation during the past year was the introduction of a "Pound Day." The idea originated with the Matron, Miss Gough, and was enthusiastically taken up by ladies in the district, with the result that the hospital obtained a very large influx of goods and materials, and £30 5s. in cash; at the Children's Cottage Hospital, Cold Ash, the Committee reported their good fortune in securing Miss Evelyn Hurlbatt as the new Lady Superintendent, and at the annual meet-

ing of the Ulster Hospital for Children and Women, Belfast, the medical staff in their annual report embraced the opportunity of expressing their appreciation of the skill and care of Miss Tate and her nurses.

At the first annual meeting of the Women's Guild in connection with the West of Cornwall Miners' and Women's Hospital, Redruth, the report gave the following reason for the formation of this useful Guild: On the appointment of the new Matron, Miss Hollister, the hospital was found to be very bare of necessities, and at her suggestion that this part of the hospital work might be materially helped by the formation of such a guild, it was inaugurated last March. The number of members is now 590, who contributed subscriptions and donations to the amount of £118 17s. 9d., and articles in kind of the estimated value of £66.

All of which goes to show that brains and ideas in a Matron are of definite financial value to her Committee.

There was a large attendance at the annual meeting of the Somerset County Nursing Association in the Municipal Hall at Taunton on Friday last. The Rev. Menzies Lambrick, of Cheddar, presided, and many of the affiliated societies were represented. The annual report stated that the work of the Association was steadily extending, and several new and interesting developments have marked its growth. Miss du Sautoy, the County Superintendent, and Miss McKay, Assistant Superintendent, have worked with unremitting ardour through a year of exceptionally stormy weather, which for them means long days of exposure to cold and wet week after week. In 1908 the Association trained 19 nurses at the cost of nearly £60 per nurse, and still had a difficulty in meeting the local needs. An appeal to the Vice-Presidents met with a very kind response, and a scheme by which sectional committees have been formed in the seven divisions of the county have resulted in increased local interest and substantial financial assistance. Mrs. Sanders, Convener of the Committee for West Somerset, has handed to the Treasurer £182, and Mrs. Arthur Hoskyns, Convener for South Somerset, £100. A good many of the local Associations now refund part or all of the cost of training on a contributory system. Miss Dyer, Q.V.J.L., Inspector for the Southern Counties, spoke of the responsibility attached to the work, and congratulated the Association on its splendid organisation and excellent officers, specially mentioning the Hon. Secretary, the Hon. Mrs Stanley.

The parents of Crewe are indignant that the Health Committee of the Town Council of Crewe have prohibited them from seeing their children when admitted into the Isolation Hospital, and recently some 200 or 300 were only prevented by the police from forcing their way into the institution. Formerly they were allowed to see the children through the windows, but it is considered that the excitement so caused is detrimental to the little patients. Naturally parents whose children are removed from their care, when suffering from scarlet fever and diphtheria, are anxious to satisfy themselves as to their condition, by personal inspection, and it is desirable that they should be permitted to do so, through a window or glass screen, without the knowledge of the children. At Crewe an appeal, by a deputation, to the Chairman of the Health Committee had no effect, and an indignation meeting was subsequently held outside the walls of the hospital, at which it was decided to petition the Local Government Board and Town Council to rescind their order.

Thanks to the generosity of Mr. and Mrs. W. H. Heywood, of Holly Mount, Edgerton, the nurses of the Huddersfield Infirmary have now a Home which is worthy of the institution, and which will add greatly to their comfort. The Home, which is known as the "Ernest E. Heywood Memorial Nurses' Home," is given by the donors as a memorial to their son. It was last week opened in the presence of a large number of friends of the institution by Mrs. Heywood, and after Mr. Heywood had presented the title deeds to Mr. John Sykes, President of the Infirmary, and Mrs. Joseph Crowther, on behalf of the Matron and nurses, had expressed their thanks to Mr. and Mrs. Heywood for their generous gift, and had presented Mrs. Heywood with a gold watch bracelet, the gift of the Infirmary Board and the contractors, tea was served in the new Home on the hospitable invitation of Mrs. Heywood.

Gen. Sir Neville Lyttelton, K.C.B., presided at the annual meeting of the Convalescent Home, Stillorgan, Dublin, last week, and spent some time previously in inspecting it under the guidance of the Matron, Miss Nora Cunningham, and the Secretary, Mr. J. Godwin Ramadge. It is high testimony to the good work done by the Home that since its foundation in 1862 nearly 34,000 convalescents have been admitted, the Chairman explained that when patients left the hospitals the Home stepped in, and did its best to carry them to a condition of complete recovery, and he was glad to say that the efforts in that respect were generally successful.

## Reflections.

### FROM A BOARD ROOM MIRROR.

At a joint meeting of the Royal Colleges of Physicians and Surgeons, last week, it was announced that as the result of a competition Mr. A. N. Prentice had been appointed architect for the new Examination Hall to be erected in Queen Square, Bloomsbury.

Owing to the diminution of infectious disease in the Metropolis, the Metropolitan Asylums Board has decided that no more cases are to be sent to the Park Hospital, Hither Green, until further orders, which means that it will be closed for the present.

The trustees of the Barnato Memorial bequest have approved of plans for the erection of a hospital for the treatment of cancer patients, and for cancer research, in connection with the Cancer Charity of the Middlesex Hospital. About £200,000 is to be invested for the endowment of the new hospital, leaving between £50,000 and £60,000 for building and equipment. It is hoped that it will be finished in two years time.

At the annual general meeting of the Poplar Hospital for Accidents much regret was expressed at the decision of the Hon. Sydney Holland to retire from the acting Chairmanship of the Hospital, a position he had held for eighteen years. With Mr. Holland's concurrence, and on the understanding that he would not be able to give so much time to the management, the Governors again elected him Chairman of the institution.

Lord Shatteshbury has been appointed President of the Queen's Hospital for Children, Hackney, in succession to the late Lord Amherst, of Hackney.

Mr. Gordon Martyr, who has for five years been in the Secretary's Office at St. Mary's Hospital, London, has been appointed Secretary of the Royal Victoria Hospital, Bournemouth. There were 164 candidates for the post.

The Governors of the Staffordshire General Infirmary have decided to sell the portrait by Gainsborough of Mr. John Eld, one of the founders of the institution. The portrait was painted about 1770, and has been hanging in the Board Room for 140 years. The Infirmary is short of funds, and the Governors feel that it will be in the best interests of the institution if the picture can be sold for a substantial sum.

The Royal Berks Hospital at Reading has just received a "windfall," and it is stated that Guy's Hospital will also benefit under the will of an old lady who lived in a Paris slum. She was thought to be extremely poor; but, on her death recently, the authorities found a considerable sum of money hidden with various documents respecting property, some valuable securities, and a quantity of jewellery. Her will, also found, clearly mentioned the hospitals which she wished to benefit.

## The Hospital World.

### THE INFANTS' HOSPITAL, VINCENT SQUARE.

On Friday, March 18th, the annual meeting of the Governors of the Infants' Hospital, Vincent Square, Westminster, was presided over by the Vice-Chairman of the Institution, Mr. J. S. Fletcher, M.P., who said that the difficulty in these days among so many institutions was to get known, and he had no doubt that when their hospital became better known, and more visited, it would receive the support it deserved.

Dr. Ralph Vincent reported two important developments. Through the generosity of Mr. Robert Mond, their Treasurer, the hospital had secured a farm directly under the control

of the Committee and Medical Staff, where the diet of the cows is highly specialised, and the strictest attention is paid to the sanitation in the sheds. From the time the cows were milked at Combe Bank Farm, Sevenoaks, to the delivery of the milk in the Hospital, only four hours elapsed.

The temperature of the milk was at once brought down to 40 degrees Fahr., and was never allowed to rise higher until it was consumed. This temperature was maintained in the hospital by means of a refrigerator so constructed that the electric switches can easily be worked by a nurse, thus saving the expense of a mechanic, and there was no risk of accident. The hottest day in summer would only require that the refrigerator should be worked for an hour or so longer. This boon had also been supplied by the generosity of Mr. Robert Mond. The cost of working was one shilling a day, a great improvement on the costly system which had formerly prevailed in the hospital of keeping the milk on ice, for which 12 cwt. was required daily.

After the meeting tea was served in the Board Room, and the charming wards were open to inspection.

Were it not that the sleepy eyes of the little patients were already closing one would have been tempted to linger long in the dainty surroundings. In the upper ward the infants were clad in wee blue jackets, with snowy bibs, the cot covers were of like colour, and even the woolly toys depending from the white curtains were of the same hue.

In the lower ward the same scheme was carried out in pink, and one could not decide which to be most in love with.

But the bathrooms! They are veritably Lilliputian, and we had the good fortune to see them at tubbing time, when, shorn of the glory of jacket and bibs, the tiny creatures lay naked

and unashamed on the laps of their devoted slaves, in a temperature one felt loth to leave, and near by the most fascinating little porcelain baths you can imagine awaited them. Truly in these enlightened days, when the subject of infant mortality is so much before the public, this hospital,



A Ward Bath-room, the Infants' Hospital.

which is doing such a grand work, should be widely known, and generously supported.

The Committee appeal to all who have the welfare of infants at heart to support them in the arduous work which they have undertaken. Nothing but a conviction of its urgent necessity would have led them to undertake such onerous duties, and they rely upon the generous response of those who are in a position to support the Hospital, either by annual subscriptions or by other means.

Paying probationers are now received, and many are availing themselves of the opportunity of obtaining experience in the management of sick infants.

## Our Foreign Letter.

Government Hospital, Mohales Hoek.  
Basutoland, S.A.



MY DEAR  
EDITOR. I  
have been  
here just a  
week, and we  
have already  
started  
taking in  
patients, and  
have had  
three opera-

tions. Considering the unpacking we have had, and the teaching of domestic and nursing matters we have to do, we find ourselves somewhat tired. There is one other Sister, and we work the hospital with native male and female nurse attendants, whose devotion to labour is not too great! The hospital is very pretty and well planned—two large wards, male and female; one isolation ward; and two small wards, to be kept for European patients. The situation is exquisite, the village or hoek behind us, and in front a huge vista of mountains, interlacing as far as the eye can travel, which is a great distance in this country.

The journey here from Masern took us two days, and was most interesting; one thing that was very evident to me en route was the amount of field labour the native women did; the first thing in this respect noticed was the care of cornfields. To scare away the birds, a woman sits every day on a high mound of wet earth, and, having a long withy or cane in hand, sticks little pellets of mud on the end of it, then surely sends it at any offending bird with good result; she sits in a position to command the whole field. The next thing we passed was a huge patch of ground covered in a circle with corn, and on it, being chased round and round, were about twelve oxen, women beating them on to trample out all the corn. The next process was some women twirling Basuto pots, like washhand basins—the wind, as they twirled them, blowing out all the chaff from the corn—and singing in most perfect harmony a chant to beg the breezes to blow to help them. These scenes, with the most exquisite atmosphere and glorious landscape, are indelibly printed on my mind. The colours at this height—over 5,000 feet above sea level—are most wonderful: such a field of work for a painter's brush could not well be beaten.

I think I shall like work here, although, again, it will be all teaching, for we have, as I told you, to use native help and train them for work; but the native mind works rather like the "key pattern." You must stick to a straight idea or train of thought; once go out of the course you have mapped out for them you get to a full stop, and must begin all over again. You cannot quite preach to them, "whatsoever thy hand findeth to do," etc., but you must stick to the motto yourself. They can be unique in not seeing anything that

does not quite belong to their pattern of work, which is hardly a recommendation for good nursing. They can dispense medicines well, take temperatures, and do dressings, all in a very correct, methodical way; they are not very great at dusting or sweeping! I am very thankful to have this interest just now, for life in the future was looking very blank for me, owing, as you know, to the loss of my dear, life-long friend, whose letters from home came with every mail.

I am hoping I may time my next visit to Europe in 1912, and be with you at Cologne for the International Congress. If that tablecloth advertised in last mail's *BRITISH JOURNAL OF NURSING* for £1 ls. has not been sold in aid of State Registration, please buy it in for me. I shall follow all your work, for up here I am as near you in work, through your Journal, or more so, than with other stations in Africa.

J. C. CHILD.

## Practical Points.

### Things worth remembering.

A small basin of strong ammonia placed in a room that has been fumigated with formaldehyde will soon remove

all odour of the formaldehyde.

A large basin of water placed in the window where the wind will blow over will often lower the temperature of a room in summer; also a wet towel pinned to hang in an open window.—E.R.

If nausea is intense, mix a few bits of cracked ice with some orange juice, and it will not only prove most grateful to a parched tongue, but it will frequently lead the way to retaining more solid nutriment.—*Nurses' Journal of the Pacific Coast.*

Every nurse finds lifting hard, but if she will follow this suggestion she will find it easy. First, take a fall-out position, then, before lifting, bend the knees well, so that the lifting will be done by the legs, not by the back.—*American Journal of Nursing.*

The nurse who makes a specialty of obstetric cases or who is liable to have a considerable number of that class of cases will find a waterproof bath apron made of stockinet a wise expenditure. The material can be secured for a dollar or less, and it will pay for itself in time in the saving of laundry bills for white aprons. An apron of this kind is a gift to a young mother or nurse that is sure to be appreciated.—*Dietetic and Hygienic Gazette.*

### Sterilising of utensils.

Miss Grace Baxter, R.N., writes to the *American Journal of Nursing* from the Ospedale Gesù e Mario, Naples,

in reply to a correspondent who wishes to be told of a quick method of sterilising instruments: I am doing pioneer work in this Italian hospital and hardly dare to make a suggestion of any kind, but surely the Italian system of sterilising such utensils by burning spirits of wine in them is better than using bichloride of mercury, which corrodes. We move the burning alcohol about so as to reach every part of the utensil just before using, and it does not damage the articles in the least.



## Outside the Gates.

### WOMEN.



The London Society for Women's Suffrage held an "At Home" at the Great Central Hotel, Marylebone, on Friday, March 18th, to welcome the 130 delegates attending the Annual Council Meeting of the National Union of Women's Suffrage Societies, and to meet Members of Parliament friendly to the cause. Lady Frances Balfour spoke of the work done by the Society in every constituency in the last General Election. Mrs. Henry Fawcett said they had done splendidly, and would be ready to renew work when Mr. Redmond gave the sign for the next General Election.

An interesting private exhibition was held at 58, Victoria Street, S.W., from Saturday, 19th, to Wednesday, March 23rd, under the auspices of the London Society for Women's Suffrage, when two pictures by Miss Bertha Newcombe were on view—(1) a portrait of Miss Emily Davies, LL.D., and (2) an incident in connection with the presentation of the first Parliamentary Petition for Women's Suffrage to Mr. John Stuart Mill by Miss Emily Davies and Mrs. Garrett Anderson.

Mr. J. Castberg, ex-Minister of Justice in the Norwegian Liberal Cabinet, and Member of the Parliament which carried the Woman Suffrage Bill in Norway, had a most cordial reception when he addressed the meeting organised by the Women's Social and Political Union in the Albert Hall last week, at which Mrs. Pankhurst presided. He described how the women of Norway first gained the municipal franchise, and how when a plebiscite of voters was taken on the question of the separation from Sweden, to meet the assertion advanced in Sweden that this was not the will of the Norwegians, the women refused to be left out, and so had a plebiscite of their own. By their public spirit they amply proved that they deserved the Parliamentary franchise, which they obtained in 1907.

The W.S.P.U. is arranging a great demonstration of women for Saturday, May 28th. A procession will form up on the Westminster Embankment at 2 p.m., and march to the Albert Hall, where a public meeting will be held at 4 p.m.

The Women's Industrial Council is undertaking a useful bit of work in organising a day nursery in the East End for the children of mothers who are obliged to go out to work, one principal object being to afford a demonstration of the practicability of training working class girls as children's nurses. The question has been carefully gone into by the Women's Industrial Council, and efforts have been made to get a scheme for such training

adopted by the County Council, but finding that a successful demonstration under voluntary auspices is a necessary preliminary to its adoption by any public body, it has determined to initiate the scheme, and is appealing, in a letter signed by its officers, for funds to carry it out. Correspondence and inquiries should be addressed to the Secretary, W.I.C., 7, John Street, Adelphi, W.C.; donations and gifts in kind should be sent to the Hon. Treasurer, Mrs. Frederic Franklin, 44, Lancaster Gate, W.

## Book of the Week.

### NEST OF THE SPARROW-HAWK.\*

In the "Nest of the Sparrow-Hawk" we have a romantic story of the time of Cromwell.

The intrigues of Sir Marmaduke de Chevasse, "as stiff a Roundhead as ever upheld my Lord Protector and his Puritanic Government" to gain possession of the vast fortunes of his lovely ward, keeps the reader interested throughout the volume.

Very descriptive is the opening chapter, in which the Puritan butler, with the disconcerting name of Hymn-of-Praise Busy, pays court, mingled with godly admonition, to Mistress Charity, the pretty serving-maid of the Court.

She inquires of him: "Have you had your dinner, Master Busy?"

"'Tis sinful to address a single Christian person as if he or she were several," retorted the man, sharply.

"Mistress Charity knew that in defiance of my Lord Protector and all his Puritans she was looking her best that afternoon. On the whole she was pleased with her appearance."

"I give the assurance," said the young girl, "that the county of Kent no longer suits my constitution. 'Tis London for me, and thither will I go next year."

"And leave thy fond, adoring Hymn-of-Praise—to go, mistress—and to break my heart."

"Law, Master Busy," she said, demurely; "how was a poor maid to know you meant it earnestly?"

"Meant it earnestly?"

"Yes; a new kirtle—a gold ring—flowers, sack, posset, and pasties to all the guests," she explained. "Is that what you mean—hem—what *thou* meanest, Master Busy?"

We are introduced to lovely Lady Sue in the skittle alley, who, with the quality assembled at her guardian's invitation, is watching the play.

"In the midst of all these sober folk, of young men in severe garments, of portly dames and frowning squires, a girlish figure, young, alert, vigorous, wearing with the charm of her own youth and freshness the unbecoming attire, which disfigured her elders, yet seemed to set off her own graceful form, her dainty bosom and pretty arms."

"'Twas years later that Sir Peter Lely painted Lady Sue, when she was a great lady and the friend of the Queen. She was beautiful then in the splendour of her maturer charms, but never so beautiful as she was on that hot July afternoon in the year of the Lord 1657, when, heated with the ardour of

\* By Baroness Orczy. (Greening and Co., Ltd., London.)

the game, pleased undoubtedly with the adulation which surrounded her on every side, she laughed and chattered with the women, teased the men, her cheeks aglow, her eyes bright, her brown hair persistently unruly, flying in thick curls over her neck and shoulders."

Such a sweet and gracious lady must of necessity have lovers, and young Richard Lambert, "who wrote the letters which Marmaduke had not known how to spell," worships her with protective reverence. Sir Marmaduke, whose plot is to woo and win her in the guise of a Prince of Orleans, resents this faithful espionage and lays a plot to lure him to a gaming-house in London, where the play is carried on "in defiance of my Lord Protector," and he is compelled by his employer to take his seat at the table. "Of course he disapproved of what he did; he knew, somewhat vaguely, perhaps, yet with some degree of certainty, that gambling was an illicit pastime, and that therefore he, by sitting at this table with these gentlemen, was deliberately contravening the laws of his country."

And in the midst of a brawl into which he had been duped there comes a "measured tramp down the street, growing louder and more distinct, a muffled "Halt!" the sound of arms, of men moving about that yawning archway, and along the dark and dismal passage, with its hometicanary closed front door."

The arrest of poor Lambert makes it easy for Sir Marmaduke to carry out his cowardly deception, and he marries Lady Sue.

We will not anticipate the conclusion of the story, which is full of episode and intrigue, but suffice it to say that all is well, because it ends well.

H. H.

#### INSTANT KINDNESS

Friends, in this world of hurry, and work and sudden end,

It a thought comes quick of doing a kindness to a friend,

Do it that very minute; don't put it off, don't wait;  
What's the use of doing a kindness if you do it a day too late?

A. C. MORGAN.

#### COMING EVENTS.

*April 5th.*—First lecture of a Post Graduate Course to Nurses, arranged by the Guy's Hospital Nurses' League, on "Recent Changes and Treatment in the Medical Wards." Course open to non-members on payment of a fee of 7s. 6d. Nurses' Home, Guy's Hospital, 8 p.m.

#### CENTRAL MIDWIVES' BOARD.

*April 19th and 20th.*—Special Meeting of Central Midwives' Board for the hearing of renal Cases. Board Room, Caxton House, Westminster, S.W., 2 p.m.

*April 21st.*—Monthly Meeting of Central Midwives' Board, Board Room, Caxton House, Westminster, S.W., 2.45 p.m.

#### WORD FOR THE WEEK.

"Study the past, live in the present, work for the future."

G. F. WATTS

## Letters to the Editor.



*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in any way hold ourselves responsible for the opinions expressed by our correspondents.*

#### THE WORKHOUSE NURSING ASSOCIATION AND THE HEMEL HEMPSTEAD INFIRMARY.

*To the Editor of the "British Journal of Nursing."*

MADAM,—I venture to ask leave to state that this Association sent upon February 22nd a further letter to the Local Government Board in answer to our memorial, a copy of which was published presumably by the Guardians. In this further letter we explained various facts in the case, which the Board seem to have ignored, and again pressed for a full enquiry.

On March 4th, we received an absolute refusal from the Assistant Secretary for any further enquiry or investigation. No reasons were given.

We think it only right that the public should be in possession of these facts regarding a case of wide interest and great public importance.

The correspondence is open to the inspection of the press, and of all interested in the subject of Union Infirmary management.

Yours truly,

R. V. GILL, Secretary.

Workhouse Nursing Association.

Dacre House, Dean Farrar Street, Westminster.

#### GOD'S LAW.

*To the Editor of the "British Journal of Nursing."*

DEAR MADAM,—I have been following daily the reports of the meetings at Winchester House on the divorce laws, and have been thankful there are women to speak on this question. I was pained to read the opinion of Mr. Justice Bigham, that the adultery of men was not hurtful. Surely he speaks in ignorance, and could not maintain such views after reading your expression of opinion in the *BRITISH JOURNAL OF NURSING*. How can justice be done if there is one law for men and another for women? If he doubts the terrible effects upon the wife, let him come and see some of the sad cases we nurses see—the results of this great sin. Only last week I found a young wife, aged 23, nearly blind through the infidelity of her husband. She has been operated on twice, and will never see again, and now her husband has deserted her, leaving her with a baby three months old; and yet the late President of the Divorce Court says the wife does not suffer by her husband's adultery. If this poor girl was his daughter, do you think he would say so? This Judge says an act of adultery may be "accidental." I say *no*—such wickedness is wilful, not accidental—and the wife is robbed of affection which should be hers alone. Those who maintain the two standards of morality for men and women cannot read or follow their Bible, as

God's Law is very plain. It is written, "Thou shalt not commit adultery."

I have seen so many ruined lives during my nineteen years of nursing, I feel it impossible to keep silence, but must speak for my fellow-women.

I remain,

Yours truly,

ELIZABETH MARY WINDALL.

St. John's Road, Penge.

[We also have carefully followed the evidence placed before the Royal Commission on the Divorce Laws, and have been struck by the fact that not one medical practitioner or trained nurse has been placed upon it, so that the Commission is therefore not qualified to deal with the most important part of the inquiry—how the Laws affect the Public Health. We grant the importance of the religious and moral side of the question—the Archbishop of York is an expert member of the Commission—but to exclude from its deliberations expert medical and nursing opinion and advice proves the ignorance and incapacity of a Government entirely composed of laymen to readjust the Laws of Divorce. The Commission, if its report is to be of the highest value, should command expert medical opinion on the physical ravages after marriage of the venereal group of diseases; and from trained nurses on the wastage of life, the deterioration of health, and domestic misery resulting from adultery of husbands and the physical pollution of wives, for which the present iniquitous injustice of our divorce laws are responsible. To discuss whether or no the deprivation of sight, mental deterioration, and general physical *rottenness* comes within the meaning of the word cruelty is an outrage to human intelligence. The infection of the lawful wife and her innocent offspring by husband and father with venereal virus is a crime, and should be dealt with by the law as such.—Ed.]

#### A QUESTION FOR THE NATIONAL COUNCIL OF TRAINED NURSES.

To the Editor of the "British Journal of Nursing."

DEAR MADAM.—Mr. Haldane's First-Aid Detachment Scheme, which was noticed a little time ago in your columns, is a well-thought-out scheme of education for the women of the nation. But I fear the efficiency of the nursing detachments is foredoomed to failure owing to the antiquated rules of the St. John Ambulance Association, which will not permit lectures to be given by any but medical men.

That "first-aid" lectures should be considered the prerogative of medical men I can understand, but judging from the accounts of such lectures which a friend of mine is attending it is quite evident that some of them cannot teach first-aid even with the St. John Ambulance book in front of them. This is a specimen of instruction of this particular lecturer. "Ah!—er—um. Stings! You all know what to do for stings. Frost-bite. Ah! frost-bite doesn't often happen in this country," and these two minor accidents are dismissed.

For severe bleeding from the wrist he tells his pupils to find the brachial artery and to keep up finger pressure upon it and the pulse until the

doctor comes. "You will always find plenty of people to relieve you," says this excellent teacher.

I know that many doctors are splendid lecturers, and have excellent results with their ambulance classes, but even they are not qualified to teach nursing. I maintain that as nursing is peculiarly women's work, and as there are many well-qualified nurses capable of teaching what they so well know and understand, that the nursing lectures in connection with this or any other scheme should be given by nurses who are practical experts. In fact I go further and think that both first-aid and nursing lectures should be given to women by nurses.

Unless this is done I fear all Mr. Haldane's good intentions will be rendered abortive.

Is not this a matter which could be taken up by the National Council of Trained Nurses and the affiliated Leagues?

And may I suggest to all Matrons who are acting upon the British Red Cross Committees to protest against this very narrow-minded and short-sighted policy.

These First-Aid Detachments are supposed to be effective in time of invasion; if the instruction is well given they will be even more useful in time of peace in their own homes and among their neighbours, so guarding the national welfare equally in peace as in war.

What is worth doing at all is worth doing well, and therefore I ask all nurses to use their influence to get this state of things altered so that the nursing lectures may be given by trained nurses who know their work both theoretically and practically.

I remain, dear Madam,

Yours faithfully,

MARY BURR.

The Chestnuts, Ebford.  
Topsham, S. Devon.

#### Comments and Replies.

*Pupil Midwife.*—White asphyxia is a much more serious condition than blue asphyxia, which usually responds to artificial respiration, and alternate hot and cold baths. White asphyxia denotes heart failure, and is a very serious condition.

*International.*—We do not think you can do better than advertise your requirements in the *Bulletin Professionnel des Infirmières et Gardes-Malades*. It is published at 25-27, Rue de l'Ecole de Médecine, Paris, 6.

*Miss Jessop, Birmingham.*—You will find that special training in mental nursing will be very valuable to you, and if you can afford to devote three years to it, and gain the certificate of the Medico-Psychological Association, by all means do so.

#### Notices.

##### OUR PUZZLE PRIZE.

Rules for competing for the Pictorial Puzzle Prize will be found on Advertisement page xii.

# The Midwife.

## The Central Midwives' Board.

A meeting of the Central Midwives' Board was held at the Board Room, Caxton House, S.W., on Thursday, March 17th, Dr. F. H. Champneys in the chair.

### CORRESPONDENCE.

The correspondence considered included a letter from the Clerk of the Council, enclosing a letter from the Leicestershire County Council, forwarding a copy of resolutions adopted after consideration of the report of the Midwives Act Committee. Also a letter from Sir George Fordham, resigning the office of Hon. Treasurer to the Board. On the motion of Mr. Parker Young, Sir George Fordham's resignation was accepted.

### REPORT OF PENAL CASES COMMITTEE.

Reports made at the request of the Board on the conduct of two midwives, previously censured or cautioned for offences against the rules, were received from the respective Local Supervising Authorities, and, being generally satisfactory, it was agreed to take no further action in these cases.

In addition to the midwives whom the Board has already arranged to cite to appear before it, it was agreed that ten more should be so cited.

### REPORT OF STANDING COMMITTEE.

On the recommendation of the Standing Committee, the Board decided to grant the applications of ten women for removal from the Roll on the ground of ill-health or old age.

The applications of the following institutions for recognition as Training Schools were granted:—The Devon and Cornwall Training School, Plymouth; the Helena Hospital, Shorncliffe, Kent; and the Wolverhampton Union Infirmary.

The applications of Mr. W. Barker Bale, M.R.C.S., and Mr. Donald Macrae, M.R.C.S., for approval as teachers were granted, and the application of Dr. George Fawcett White *pro hac vice*.

The applications of the following midwives for approval to sign Forms III. and IV. were granted: M. Milne (No. 22493), S. E. Sinfield (No. 22509), A. E. Smith (No. 3867).

On the proposition of the Chairman, it was agreed that a "List of Institutions in which pupil midwives may be trained under the Rules of the Central Midwives' Board" be substituted for the "List of Institutions approved as Training Schools" hitherto in use.

The Secretary was instructed to communicate with the Secretary of the Royal Derby and Derbyshire Nursing Association as to complaints which have been received in connection with the training of candidates at that institution; and it was agreed that, pending a satisfactory explanation of the complaints alleged, the Board's renewal of approval, as from April 1st next, of the Royal Derby and Derbyshire Nursing Association as an Institution in which pupil midwives may be trained, be withheld.

It was decided to make inquiry of the Local Supervising Authority of the County of Norfolk as to the reason for the suspension of a midwife for a period of six weeks after a fatal puerperal fever case. On the motion of Miss Paget, it was further agreed that the Secretary be instructed to draw the attention of the Board to similar cases of prolonged suspension which come to his notice.

### SECRETARY'S REPORT ON EXAMINATION.

In connection with the Secretary's report on the recent examination, Miss Paget drew attention to the unusually high percentage of failures of candidates from St. Mary's Hospitals, Manchester.

Sir William Sinclair said that he was glad Miss Paget had drawn attention to percentages, because he wished to refer to the very low percentage of failures in London. It was far below the average.

The Chairman said that a considerable proportion of the London candidates had no intention of practising midwifery, but entered for the examination to add an additional specialty to their nursing qualifications. From time to time his attention had been drawn by the examiners to the papers written by some of the candidates, and they could not be bettered by the papers of candidates at the Medical Examination Hall.

Sir William Sinclair proposed, and it was agreed, that visitors should be appointed to the examination at Manchester.

It was also agreed that it would be useful to have a return of the percentage of failures in the examinations, of those who intended to practise midwifery, and of those who propose to act as monthly nurses, and the Secretary was instructed to prepare this return.

### NEW RULE.

The Secretary reported that a letter had been received from the Clerk to the Council, enclosing a copy of a new Rule, sanctioned by an Order of Council of the 14th inst, enabling the Central Midwives' Board to admit to the Roll a candidate who, though duly qualified under Section 2 of the Midwives Act, failed to claim the Board's certificate during the two years' period of grace which ended on March 31st, 1905. This Rule (Rule B. 2) is as follows:—

A candidate who has failed to claim to be certified under the Midwives Act within the time limited by Section II. of the Act, and who satisfies the Central Midwives' Board that, but for her failure so to claim, she would have been entitled to be certified under the Act, may be admitted by the Central Midwives' Board to the Roll of Midwives upon such conditions as the Central Midwives' Board shall think fit, and shall receive a certificate in the form set out in the Schedule and her name shall be entered by the Secretary on the Roll of Midwives. (Schedule, Form II. B.) Provided always that no such candidate shall be admitted to the Roll of Midwives after September 30th, 1910.



This rule is most important to those who failed from oversight or ignorance to claim admission to the Roll during the period of grace. As the present regulations are by the Rule only relaxed for a period of six months it is important that the attention of all whom it may concern should be directed to it without delay.

The next meeting of the Board was fixed for April 21st, and the meeting then terminated.

## The Training and Supply of Midwives.

The sixth annual meeting of the Association for Promoting the Training and Supply of Midwives was held on Friday, March 18th, at 36, Thurlow Square, by the kind permission of Mrs. Charles Ebdon. Mr. T. Raffles Hughes, K.C., was in the chair, and said that the annual report which was in the hands of those present showed the admirable work done by the association. The Chairman referred to the announcement in the report of the resignation of the Secretary, Miss Gill, who has done most admirable and valuable work for the Association, and said it had been received with very great regret. He moved the re-election for the ensuing year of the President (the Archbishop of Canterbury), and other officers.

Mrs. Charles Ebdon moved that Mrs. Harold Schwann, Miss Swift (late Matron of Guy's Hospital), and Mrs. Ashbee be appointed new members of the Council; and Lady Mary Glyn moved the reappointment of the Advisory, Finance, and Executive Committees, with the addition of Mr. Francis E. Fremantle, F.R.C.S., to the Executive. All of these propositions were carried.

Mrs. Wallace Bruce, Chairman of the Executive Committee, then moved the adoption of the annual report. She prefaced her remarks by a few words of warm appreciation of the way in which Miss Gill had carried out the work of Secretary, and said she was sorry Miss Gill was prevented from being present, so that she might receive their personal thanks and admiration. Miss Ford had been appointed as her successor.

Mrs. Wallace Bruce then briefly commented on the report presented, especially in reference to the report of the Departmental Committee of the Privy Council on the Midwives Act. It was extremely satisfactory to find the Report testifying to the value and usefulness of the Act "as an operative influence of public health"; also, though it was generally expected that the Committee would report that State aid for midwives was necessary, that no strong evidence was brought forward on this point. The reports of Queen Victoria's Jubilee Institute showed an increasing demand for nurses trained in midwifery; also more County Councils were giving scholarships for training, but at present they had no powers to give grants towards the maintenance of midwives when trained; fresh legislation would be necessary for this, and all members of County Councils seemed to regard with terror any proposition which, if carried out, would add to the burden of the rates.

It was being proved that the provision of midwives pure and simple did provide a practical solution for the care of maternity cases in the country districts, as midwifery alone would not provide a living wage. In these days, however, there was an approximation of midwifery and nursing duties, and a combination of the two seemed the best method.

Miss Lucy Robinson gave a report of the work of the Home at East Ham, maintained by the Association, and of the urgent and pitiful necessities of the mothers and babies attended by the midwives. Often there was no food and no gruel in the houses, and if it were not for "The Cupboard" at the Home some of the patients could not pull through. Early in her work as a midwife she discovered that half-a-crown was sufficient to save a mother's life—to provide the milk and eggs, and the chop on the third day which were essential.

The financial statement was presented by Miss Lorent Grant, after which the report was adopted.

The perennial question of the payment of medical men called in by midwives was discussed, and it was agreed to forward the subjoined resolution, proposed by Mrs. Wallace Bruce, and seconded by Lady Mary Glyn, to the Privy Council.

### RESOLUTION.

"That inasmuch as the circulars of 1907 and 1910 issued by the Local Government Board, recommending to Boards of Guardians that they shall be responsible for the fees of medical men called in by midwives in cases of emergency when payment cannot be otherwise obtained, have in many cases been ignored; and that extreme danger is frequently incurred thereby, and that the deaths of women occur in consequence of the refusal of medical men to attend without guaranteed payment, we beg respectfully to bring before the Privy Council that legislation in the matter is of urgent necessity, and we earnestly hope that it may be included in any Bill amending the Midwives Act of 1902."

## POUND DAY AT THE BRITISH LYING-IN HOSPITAL.

A very successful POUND Day, organised by the Ladies' Committee and the Matron, was held at the British Lying-in Hospital, Endell Street, W.C., on Monday, the 14th inst., the spacious dining-room, and the new rooms lately opened for the examination of patients, being used for the occasion.

There was a very large attendance of the Ladies' Committee and nurses trained at the Institution, and friends. The Chairman and several members of the Board of Management were also present. Much to the general satisfaction an unique gift of 2 lbs. weight of silver (£8 11s.) was made by Mr. and Mrs. Edward Wormald.

Many sovereigns, and cheques for £1 were received, and the gifts, in the aggregate amounting to over £70 in cash and 1,700 lb. in groceries, etc., cannot fail to considerably relieve the year's expenditure side of the accounts.

The Hospital was thrown open to visitors, and an excellent tea, provided at the expense of the Ladies' Committee, made a pleasant finish to a most successful afternoon.

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XLIV.

## Editorial.

### THE DEVELOPMENT OF NURSING EDUCATION.

If we watch educational movements we shall notice over and over again that courses of instruction regarded as sufficient at the outset are developed and lengthened as experience proves the need for greater thoroughness. There was a time when it sufficed for purposes of medical education that students should "walk the hospital" for a period of one year, and even less, and when nurses were promoted to be Sisters of wards at the end of six months. We now realise that both these terms of training are ludicrously inadequate.

Within recent years there has been added to the curriculum of some of our largest training schools a course of preliminary instruction for probationers before entering the wards, usually of six weeks' duration. No one who has had experience of the benefits which the instruction given in this connection confers would willingly return to the system of admitting probationers for training direct to the wards. But already the expediency of devoting more time to this preliminary teaching is beginning to be felt, and it is probable that, as time goes on, the period may be extended. Yet the fact must be faced that the term of a nurse's training cannot be prolonged indefinitely, for her wage-earning life is short, and her remuneration modest.

Why should we attempt to impart all the professional instruction which a nurse is expected to receive in the course of her hospital training? Just as a boy's future career is determined when he is fourteen or fifteen years of age, and his school education is directed thereafter with a view to his subsequent needs, so the education of a girl who hopes to enter the nursing profession

should include those subjects in which she will later have to specialise. A sound knowledge of elementary physiology and anatomy, hygiene, and domestic science, acquired during her schooldays, is of the greatest possible benefit to a nurse in later life.

In the Report of the Committee of the Course in Hospital Economics, at Teachers' College, Columbia University, U.S.A., presented by Miss A. W. Goodrich, Chairman of the Committee, to the Fifteenth Annual Convention of the Superintendents' Society, mention is made of an important step taken by the College during the past year.

Through the efforts of Miss Nutting the Department of Hospital Economy now offers "a one-year course, designed to prepare students for admission to Training Schools for Nurses. The course is a further extension of the idea of preliminary training, such as is now found in some of the leading training schools of the country, and its purpose is to give the student a more thorough grounding in the sciences underlying the art of nursing than can ordinarily be obtained in the hospital training school. It also aims to familiarise the student with practical procedures in general use in nursing. The student is thus prepared to benefit more promptly and fully by the opportunities which the hospital offers, and to bring a more intelligent effort to bear upon the problems presented by the patient."

We hope the day is not far distant when our own Universities will offer similar advantages to nursing students. The subject was recently referred to by Sir William Macewen in his Presidential Address to the Scottish Nurses' Association, and it is certain that theoretical instruction might advantageously be arranged for nurses at our Universities.

## Medical Matters.

### ANGINA PECTORIS.

Sir William Osler, M.D., F.R.S., Regius Professor of Medicine in the University of Oxford, in the second of the Lumslean Lectures on Angina Pectoris, delivered before the Royal College of Physicians, of London, and published in the *Lancet*, spoke in part as follows: At the outset let us frankly face certain obscurities which have not yet been cleared up. Why is it more common in the upper classes? Why do we not see it more often in hospital practice? Worry and work are the lot and portion of the poor, among whom vascular degeneration is more widespread. It is as though only a special strain of tissue reacted *anginally*, so to speak, a type evolved amid special surroundings or which existed in certain families. Or there may be a perverted internal secretion which favours spasm of the arteries, as Harvey at Cambridge has shown to be the case with pituitary extract and the coronary vessels. And a case of aortic valve disease is reported in which the use of this extract caused anginal attacks. This suggestion is supported by the fact that in myxedema anginal attacks may be caused by thyroid extract. It is not the delicate neurotic person who is prone to angina, but the robust, the vigorous in mind and body, the keen and ambitious man, the indicator of whose engines is always at "full speed ahead." There is, indeed, a frame and facies at once suggestive of angina—the well "set" man of from 45 to 55 years of age, with military bearing, iron-grey hair, and florid complexion. . . . Still more extraordinary and inexplicable is an imitative feature, if one may so speak of it, by which the repeated witnessing of attacks may induce one in the observer. There are two primary features of the disease, pain and sudden death—pain, paroxysmal, intense, peculiar, usually pectoral, and with the well-known lines of radiation—death in a higher percentage than any known disorder, and usually sudden. Often, indeed, it is, as the poet says, "Life struck sharp on death." The problems for solution are: What is the cause of the pain? Why the sudden death? The secondary features of the attack, the vaso-motor phenomena, the radiation of the pain, the cardiac, respiratory, and gastric symptoms are of subsidiary interest.

After discussing exhaustively the morbid anatomy, the involuntary muscle pain, the cardio-vascular pain, and the arterial spasm, Professor Osler said: After all this talk, what in a few words is a reasonable explanation of the pain in angina? Angina results from an alteration in the working of the muscle fibres

in any part of the cardio-vascular system, whereby painful afferent stimuli are excited. Cold, emotion, toxic agents interfering with the orderly action of the peripheral mechanism, increase the tension in the pump walls or in the larger central mains, causing strain, and a type of abnormal contraction enough to excite in the involuntary muscles painful afferent stimuli. Mackenzie suggests that there is rapid exhaustion of the function of contractability, which is after all only the *fatigue* on which Allan Burns laid stress; but I feel that in disturbance of this Gaskellian function is to be sought the origin of the pain, whether in heart or arteries. . . . In stretching, in disturbance of the wall tension at any point, and in a pain-producing resistance to this by the muscle elements, lie the essence of the phenomena.

What is the explanation of the sudden death? There are three modes of dying in angina pectoris. The one which specially interests us here is the form which, as Walshe says, "is sudden, instantaneous, coeval, with a single pang." No form of death so placid, so peaceful, and so much to be envied, as it probably is without a pang. The functions of life appear to stop abruptly, with a gasp or two all is over. It is extraordinary how little a man may be disturbed in this death. An old doctor whom I knew well stopped at his house to write a prescription. With pen in hand he died at the desk, where I found him, as if in sleep, with his head peacefully on his arm and pen in hand. Another friend, the subject of angina, whom I had only left a few minutes previously, talking quietly to Dr. Thayer, fell over on his bed; both pulse and breathing seemed to stop simultaneously. It must be a vagal death, a sudden inhibition of the inspiratory centre in the medulla. It is exactly paralleled in chloroform death, when the inspiration stops abruptly, while the heart may continue to beat. In a third case the patient gave a sudden cry, clasped his hands over his heart, the eyes became fixed, and he fell over dead after giving two inspiratory gasps. No pulse could be felt at the wrists, but feeble heart sounds could be heard for three minutes.

A second mode of death is also seen in which, following a series of severe attacks, the heart grows gradually feebler, and the patient dies in progressive asthenia, often with Cheyne-Stokes respiration. And thirdly, a certain number of patients die in the cardiac complications, and it is interesting to note how after great misery, caused by repeated attacks, when cardiac insufficiency is established, even with the dyspnoea, the patient is much happier, and dies slowly, if not so suddenly and placidly.

## Clinical Notes on Some Common Ailments.

### PNEUMONIA.

By A. KNIVETT GORDON, M.B. (Cantab.).

In the preceding papers, we have seen how the branches of the windpipe may become inflamed, and the disease which we know as bronchitis result. Frequently, however, the mischief extends further down into the air cells themselves; we then have the condition known as pneumonia or inflammation of the lungs.

As a matter of fact, this may arise in two rather different ways, though the resulting disease is, from the nursing point of view, pretty much the same; so, after a brief description of the origin of the two types, the symptoms and treatment of the two will be taken together.

Obviously, one way in which pneumonia may arise is by direct extension from the bronchial tubes in a patient who is already suffering from bronchitis: this type is therefore known as broncho-pneumonia, or catarrhal pneumonia, and it is usually due to germs known as streptococci. In this case the disease has no definite distribution—that is to say, any one part of the lung or group of air cells is as liable to be attacked as any other, and in practice the inflammation is usually present in both lungs from the first, though it may be, and usually is, more marked in one lung than the other. It begins in patches or islets separated from one another by areas of lung which are healthy, except for the previously existing bronchitis. Inasmuch as one patch is apt to become involved before the first one clears up, the disease does not finish in the whole of the lung at the same time, and consequently its signs as we see them at the bedside may run on for a considerable time, like a series of relapses, and in practice it does not do to prophecy about the duration of an attack of pneumonia of this type. It occurs most commonly in children, though adults are sometimes affected in the course of the bronchitis which is associated with influenza.

In the other type, however, the air cells are affected directly, and, though the infecting organisms (which are most commonly those which we call pneumococci) pass down the bronchi, they do so without causing inflammation of the tubes to any great extent; possibly, moreover, the germs may sometimes find their way into the air cells through the blood vessels, if they are present in the blood to begin with. The distribution of this kind of pneumonia is quite different, inasmuch as all the cells in one lobe of a lung are affected at once: conse-

quently, unless the opposite lung is attacked subsequently, the disease runs a definite course, and the symptoms terminate rather suddenly, usually on the fifth or seventh day of disease. This type is known as lobar pneumonia, and is most common in previously healthy adults, though it sometimes occurs—usually in a mild form—in children also.

Whatever the origin of the type of disease may be, the results for our purpose are the same. The air cells become filled with a tough mass of cells which is quite impervious to air, so that the part of the lung which is affected is rendered useless for breathing purposes, and the patient has to manage with the healthy remainder; consequently the difficulty in breathing is much greater than when bronchitis only is present, and the air cells are obstructed with fluid through which some air at all events can pass.

So much for the mechanism of the disease; let us now see what happens to the patient who has been attacked by it.

Obviously he will be seriously ill and unable to get about, and as he has only a portion of his lungs to breathe with, he will have to take in his supplies of air more frequently than usual if his red corpuscles are to have their proper supply of oxygen. In practice this increased frequency of breathing is most marked, so that the respirations may be as many as 60 or 80 per minute. Then, too, the extraordinary muscles of respiration are brought into play, and we see the sternomastoids in the neck and the intercostals between the ribs working with each inspiration: even the nostrils participate in the effort, and may be seen to contract and dilate as the chest is filled and emptied.

Then there is pain which is felt more acutely when a deep breath is taken. Usually this is referred to the side of the chest over the affected lung, but is not infrequently felt in the abdomen, especially at the onset of the disease, so that it is not uncommon for a diagnosis of appendicitis to be made at this stage of a right-sided pneumonia.

The patient is also feverish, the temperature being usually very high (about 103 degrees or 104 degrees), and remaining so in lobar pneumonia, while in the bronchial form of inflammation it generally rises and falls at frequent intervals, being usually highest at night. Temperatures of 105 degrees, or even 106 degrees, are not uncommon in lobar pneumonia, especially in children, and it is important to remember that the height of the fever bears no necessary relation to the severity of the disease; in fact, the worst attacks are often associated with a temperature that is but little



raised. With the fever there is a hot and dry skin, with thirst and a parched mouth and tongue and some prostration.

All through the course of the disease attempts are being made by the patient to clear his air cells of the obstructing masses; consequently we find their contents coughed up in the form of sputum, which is usually rusty in colour from admixture with a little blood. At first the sputum is scanty, thick, and sticky, so that the vessel containing it can be turned upside down without the contents escaping, but if the patient's resistance is good, it soon becomes more liquid and increased in quantity as the air cells become clearer; similarly, at first the cough is shallow and ineffectual, but as recovery sets in becomes full and deep.

But—and here the disease differs from simple bronchitis—we have not only the inside of the air cells to consider; there are the blood vessels also which run in their walls, and it is obvious that if the cells are filled and distended with solid matter the vessels must be compressed to some extent. Hence more force is required to drive the blood through them, so the heart has so much extra work thrown on it, and has to beat faster to get this work in: we have, therefore, a rise in the rapidity of the pulse.

Now this is—especially in lobar pneumonia—the most important sign of all. In practice, if the patient's strength can be maintained, his leucocytes can after a time get rid of the organisms and debris in the air cells by themselves, and the act of coughing empties these cavities in due course, but if the heart flags this cannot be done, and the disease takes an unfavourable turn. Wherefore, whether the nurse is told to or not, she should always observe and record the rate of the pulse at least every two hours. This can always be done without disturbing the patient, and personally, if I had to make the choice, I would rather see a pulse chart than a temperature record in a patient suffering from inflammation of the lung.

Just as in bronchitis, we get an indication as to whether the blood is getting sufficient oxygen by the presence or absence of cyanosis, though in practice, before the stage of blueness is reached, we often get—in children especially—a state of restlessness which should sound to the observant nurse a note of warning.

*(To be concluded.)*

#### IODINE STERILISATION.

Dr. Umber, U.S.A., advocates the method of disinfecting the field of operation, dry, by merely swabbing with tincture of iodine. After an extensive trial he considers it the simplest and most effectual of the measures yet introduced for this purpose.

### In Memoriam.

A meeting will be held in London at an early date to consider what form the Memorial to Miss Isla Stewart shall take. We all want to honour her great name, and we want to do it at once. Several suggestions have already been made, and whatever is approved by her wide circle of loving friends, we know it will be appropriate. Truly great—in that generosity of feeling and a noble loyalty inspired all her relations with her kind—her Memorial must be of a spacious and liberal nature, something of far-reaching professional influence, which cannot be hewn from wood or stone.

Although a social reformer in the highest sense, Isla Stewart was no mere modern philanthropist. She was of sterling stuff, inheriting from her sturdy Scottish ancestry great independence of character, a wonderful power of self-control and dignified self-respect, and the pith of her teaching was ever "stand on your own feet and face circumstance, and thus contribute your quota to the quality of your race."

By her will Miss Isla Stewart has set aside—after the life interest of her sister—a sum of £1,400 to form a biennial bursary (an educational grant) for the nurses of St. Bartholomew's Hospital. This bequest may indicate to those anxious to perpetuate her name by some means of which she would have approved, the lines on which her Memorial may assume individual distinction.

Lord Amphil, Mr. R. C. Munro Ferguson, M.P., and other Parliamentary supporters of the Registration Cause have written expressing their sincere regret at the loss sustained by the nursing profession. Lord Amphil desired his sympathy to be conveyed to those associated with her in her public work, and Mr. Munro Ferguson said that she always inspired him with the greatest confidence.

The Nurses' Leagues of St. John's House, the Royal South Hants Hospital, and Steevens' Hospital, Dublin, have, by resolutions, conveyed to the League of St. Bartholomew's Hospital Nurses their sorrow and sympathy in the loss the members have sustained by the death of their Founder.

Letters are now coming from friends over seas.—From Cleveland, Ohio, Mrs. Hampton-Robb writes in terms of the warmest sympathy for British Nurses in their great loss. "It hardly seems as though you could let her go at this moment, she is needed so much. To those of us in America who knew her she had become a dear friend, and we shall miss her sorely."

## A Child of Erin.

### A DESCRIPTION OF THE PRIZE PHOTOGRAPH.

My prettiest patient was a dear little girl of three summers, to whom I was called in when on my district in the county Down. It would take a much cleverer pen than mine to describe the angelic beauty of the child, with her glorious Irish eyes, and the unusual combination of golden hair. Strange to relate, the dear mite's father was a hunchback, the mother being most ordinary and of little intelligence, but, like most Irish mothers, full of a great love for her offspring. As I was returning from

recovery, the shock being great, and the scalds severe, as the child had close-fitting heavy woollen garments on, which had soaked up so much water. As the urethra and the labia were in a shocking state it was necessary to draw off the urine twice daily, having previously soaked the parts with olive oil. After many weeks of great suffering, with the aid of a small water pillow and absolute cleanliness, the dear mite recovered to the great joy and thankfulness of the parents, and was once more to be seen running and playing about the cottage. She usually addressed me as "The Woman," my advent always bringing the tears



A CHILD OF ERIN.

a morning's duty along a country road, a woman rushed out from a cottage, begging me to come in, and saying that her child was dying. On entering I found the most lovely child it had ever been my lot to see, screaming pitifully. She was horribly scalded about the lower part of the body and legs, having fallen into a pot of boiling potato water, which the mother had left in the centre of the kitchen floor. It so happened that I had plenty of dressings with me, and was able to dress the scalds, having in the meantime despatched a kind neighbour for the doctor. Little hope was given of the child's

to her eyes. When I asked her if she would be good and not cry, her answer would be "Ay!" and on teaching her to say "Yes," she would say "Puss." Before I left her she could say "Nurse" and "Yes," and nothing would satisfy her but a nurse dolly, which she is holding in the picture.

LILY NEWTON,  
*Queen's Nurse.*

The children of Erin may not be plentifully dowered with wealth, but in beauty they can hold their own with those of any nation.

## The Training of Probationers.\*

By Miss I. C. KEOGH.

*Matron, Richmond Hospital, Dublin.*

While we continue our efforts to attain to a universal standard of education for our nurses, it is a matter of great interest to note the various methods of training employed in our hospitals.

We cannot but realise that, in the question of practical nursing there should be but one common method of training.

It is one of the instances where we can truly say that the best is only just good enough, but until we have obtained that universal standard of education and examination which is so essential for our profession, we must be content to choose those methods by which we can obtain the most satisfactory results.

Of course, each Matron must, to a great extent, adapt her methods to the advantages—or disadvantages—which her hospital provides. Such considerations as the number of her nurses, the arrangements for lectures, the existence of special wards, and departments, etc., indicate to her the best method to pursue.

It is now almost universally acknowledged that much advantage is to be gained by the system of providing a separate Home, where probationers take a preparatory course of instruction in Housework, Bedmaking, Bandaging, Invalid Cookery, the Elements of Surgical Asepsis, and also a course of lectures in Elementary Anatomy, Physiology, and Hygiene, with the result, that when the probationer enters the wards she will (if she is of the desirable type) be a help and not a hindrance to her fellow workers.

It is not possible for all hospitals to have the advantages of such preparatory Homes, but, in my opinion, they are most desirable, and this system contrasts very favourably with that of sending the probationers straight to the wards, to find their feet as best they may. Which of us does not know the advent of the new probationer? We can each recollect what we ourselves endured as such, or what we, in our turn, had to endure from others in like difficulties.

The first year of training is a most important one for the probationer, both mentally and morally. Even though she may enter when no longer in her early twenties, and may already possess well formed ideas and opinions of her own, she will be easily influenced by her new surroundings.

What she sees, hears, and is taught, either by her own observations, or by the instruction and example of others while her mind is still pliable, and undulled—so to speak—by the necessary routine of hospital life—this she will carry with her throughout her professional career. It is in her early days that the groundwork is formed on which may rest the nurse's success or failure, and very often, too, the credit of her training school, of which she will be a representative when she goes forth into the world as a certificated nurse.

Great, therefore, should be the care with which both Matron and Sister should strive to develop the best that is in the probationer's character and personality, to cultivate her powers of observation, accuracy, obedience, punctuality, and sympathy towards her patients; to instil into her mind the necessity of loyalty to her superiors and to her training school, and of working amicably and unselfishly with other nurses under all circumstances. It is because I think these matters so essential in the training of a nurse, that I consider a year will be well spent if devoted to them, together with the practical nursing, and general ward work which will be taught her from the time she first enters the wards. I do not propose to mention in detail the subjects with which a probationer should be fully conversant at the end of her first year's training, at which time her knowledge should be tested by examination, both written and oral, but I think that very special care should be given to practical instruction in aseptic methods. The importance of surgical cleanliness in connection with wounds, dressings, instruments, etc., should be instilled into the mind from the very first. An *intelligent* interest on this point is absolutely essential, if a probationer is ever to become a successful surgical nurse.

In many training schools the greater portion of the nurse's theoretical instruction is deferred until the second and third year, by which time she should be able to appreciate more fully the value and importance of such instruction.

It is also advisable to leave the training in special subjects, such as theatre work, house-keeping, catering, etc., until the nurse is nearing the end of her general training. She will then, I think, realise more fully their great value, and will, if she be at all ambitious for her future, endeavour to go fully into these subjects, which are so essential in the training of those who desire to obtain administrative posts.

It is encouraging for nurses to note that in many hospitals where special departments do not exist, the authorities endeavour to secure for their nurses training in fever nursing, mas-

\* Paper read at the monthly meeting of the Irish Matrons' Association, Feb. 5th, 1910.

sage, etc., by affiliation with other hospitals.

Much advantage is to be gained by the system of independent examinations held by outside examiners, and I am told that in some training schools this plan has been adopted with excellent results.

With regard to the important question of discipline among the nurses, in my opinion very decided distinctions should be made between certificated nurses, and senior and junior probationers, both with regard to duties and responsibilities, and while remembering that all are "probationers," until they have obtained their certificates, I think that senior probationers should have their responsibilities added to as they go on, and moreover that they should be made to realise that on them, to a certain extent, rests the progress of their juniors. I do not believe that the work is ever satisfactorily done, or that patients in the general wards are ever really well nursed, where a thoroughly well organised system of discipline does not exist. This is all important, too, when viewed from the moral standpoint. We are told that discipline either goes towards perfecting the character of the highly principled, or it helps to deteriorate that of the unprincipled.

From my own observations, I am convinced that this is more especially true of hospital life, and training. It is a common belief that no woman's character remains the same during her training—she is, at the end of it, much better or worse than when she began—but the choice of making or marring her personality rests mainly with the probationer herself.

There are many other points in connection with this interesting subject which I cannot touch upon in the time at my disposal, but which will, I am sure, be dealt with in the discussion which is to follow.

### The £100 Registration Fund.

	£	s.	d.
Brought forward ... ..	70	16	2
<i>Sent in memory of the faithful services to the Registration Cause of Miss Isla Stewart:—</i>			
Miss E. M. Musson ... ..	1	1	0
Miss Catherine E. Bennett ...	1	1	0
<hr/>			
Further profit on Gordon Calendar per Miss M. L. Breay ... ..	1	0	0
Miss Youlder, R.N.S. ... ..	10	0	
	<hr/>		
	£74	8	2

### Nurses and Temperance.

All of us who have gone through our hospital course, and have taken up any branch of nursing afterwards, are well aware of the awful ravages of crime, disease, and destitution that are caused by intemperance. Indeed, we are so well aware of them that the subject has become hackneyed and distasteful to us, and when we listen to anyone expounding the great temperance question, we do so, as it were, with only one ear and a quarter of our minds; the other ear and the other three-quarters of our minds are occupied by any trivial sounds and thoughts that may be passing. Perhaps if the lecturer brings to our notice any awful examples, we smile in a superior way, and say to our wise selves, "What bigotry! Where, for instance, would our pneumonias often be without stimulants?" forgetting that, if it were not for the stimulants, very often there would be no pneumonia.

No, I venture to say that we, as nurses, do not think enough of the evils that are brought about by the excessive use of alcohol. The homes that are wrecked, the lives blighted, the ever-increasing body of the insane who crowd our asylums, the criminals who fill our prisons, and the paupers who throng to our workhouses. Do we, for instance, put ourselves out of the way to prevent this evil? Not many of us, I fear. In this, as in all other evils, prevention is better than cure. If we are of a pessimistic turn of mind, we may say: "It is of no use worrying about confirmed drunkards; they are hopeless, they will never reform." This is a fallacy, as they do sometimes, but never mind; if this is the trouble, and we are firmly convinced that we personally can do nothing with the chronic inebriates, then let us turn our attention to preventive work. No one can deny that much may be done there. Let us get hold of the children, and preach temperance to them in season and out of season. Let us bring home to their youthful minds in simple language the horrors of alcoholism. Let us explain the theory of heredity to them; make them sign the pledge. If need be, bribe them with "Bands of Hope," temperance concerts, tea parties, little plays, operettas, etc. So embue them with the spirit of temperance that they in turn will become proselytizers and join the army of those who seek to gain converts to the ranks of the great temperance cause.

A great deal may be done by example. If some of us are not total abstainers when we enter hospital for our three years' training, surely, when we find how well we can do without alcohol or stimulants of any kind during that lengthy period, we shall continue in the



same course, whether we go on with hospital work or take up private or district work or any other form of nursing, or even if we marry and leave nursing altogether.

Many of us think that a glass of wine, ale, stout, etc., with meals does not hurt anyone, and often does great good. This is quite true, as far as it goes, but as we have found in our three years' course that we can perfectly well do without it, why start it again? People think and talk so much about what a nurse does, that our modest glass of claret or little dose of whisky and water before retiring may be a stumbling block in the way of our weaker brethren or sisters. The maids may say, "Well, if nurse has her glass of wine, I don't see why we should not have our beer." They may not have such strong wills or brains as we have, and the one innocent glass may lead to a liking for more, and so a life may be ruined simply through our example.

One never knows what troubles and trials may be in store for us in this life. In our youth we may be strong and hardy, and work merely for the love of nursing, but as middle age approaches we may find ourselves left quite dependent on our own exertions for our daily bread. Our health may give way, and we may feel that we need a little stimulant, as we have in the past felt how it braced us up temporarily, and so, as every day we get older and not generally stronger, we may find ourselves gradually increasing our dose, until in time we may wake up to find to our horror that we have become a slave to the habit, and cannot do without it.

How do we know if one of our long-forgotten ancestors may not have had a taste for strong drink. Perhaps he may have been one of those "jolly" fellows we read of in the old-fashioned novels, who consumed three bottles of wine at a sitting, and finished up the evening under the table. The sins of the fathers are visited on the children unto the third and fourth generation. Let us not give our ancient ancestor a chance to reincarnate his evil ways in our own lives.

Of course, we must not forget in our zeal for temperance that we are under the doctors' orders, and that their directions must be obeyed implicitly. If they prescribe stimulants for the patients, they must be given without remark, and with the exactitude and promptitude of any other medicine. There is a time for everything, and when one is nursing a patient dangerously ill, for whom the doctor has ordered alcohol in any form, this is not an opportune moment for the nurse working under his direction to lecture on temperance.

E. F. WHATHAM.

## Our Guinea Puzzle Prize.

We have pleasure in announcing that Miss Annie A. Axon, certified midwife, Waltham Villa, West Street, Ryde, Isle of Wight, has won the Guinea Puzzle Prize for March.

### KEY TO PUZZLES.

- No. 1.—Lectures on Surgical Nursing.  
 Leck—T—ewer—S on S—urge—"eye"  
 —C—awl Nursing.
- No. 2.—Cyllin.  
 C—ill—un.
- No. 3.—Listerine.  
 List—tearing.
- No. 4.—Panopoeion.  
 Pan—O—pea—P—ton (20 cwt.).

The following competitors have also solved the puzzles correctly:—

R. Conway, Branksome Chine; E. Beever, Horrabridge; H. G. Bowers, Nottingham; V. James, Huddersfield; C. Mackay, Banff; E. Chick, Exeter; T. Fellows, Glasgow; E. Marsland, Huntingdon; C. E. Gardner, Farnham; K. Long, London; M. Williams, Bristol; C. Flower, Margate; J. Wade, Walmer; T. Valentine, Carstairs; M. Modlin, Brixton; E. A. Leeds, London; C. Payne, Dundee; L. Ryding, Belfast; M. Woodward, Redhill; C. M. London, Edinburgh; F. West, London; K. Kreckeler, Birkdale; T. Macdonald, Glasgow; E. S. Sills, Oakham; S. M. Berry, Brighton; F. C. Kay, Ipswich; B. Terry, Dover; M. C. O'Donnell, Dublin; A. M. Shoosmith, Durham; F. Sheppard, Tunbridge Wells; C. Mason, Sheffield; E. Paterson, London; K. Stevens, Bath; E. Dinnie, Harrow; A. Keenan, Cork; F. Dowd, Clonskeagh; E. Clegg, Liverpool; S. Lewis, Armagh; F. M. Wrigley, London; E. J. Sayle, Epsom; E. Spencer, London; J. Ramsay, Greenock; K. T. Mostyn, Swansea; P. Newman, London; A. Jary, Fakenham; G. Smart, Cork; E. Lynn, Warwick; E. Macfarlane, London; K. Moore, Manchester; Nurse Nuti, W. Bromwich; K. Moloney, Cork; T. Long, Brighton; S. Rutledge, Watford; C. Rose, Aberdeen; T. Levy, Brighton; L. Cameron, Edinburgh; F. T. Brown, London; C. Macarthy, Dublin; S. Barber, Wellington; E. Edwards, Carshalton; O. Dunne, Limerick; P. Walton, Guildford; K. Heath, Bradford; A. C. Grove, Wigtown; W. Brading, Lincoln; B. Addison, London; L. C. Murphy, Mullingar; N. Watson, Sherringham; M. E. MacLennan, Stornoway; E. Evans, Birmingham; M. Hackett, Cardiff.

Competitors must sign their Christian name or initials.

The rules for the Prize Puzzle remain the same, and will be found on page xii.

Princess Louise (Duchess of Argyll) will take the chair at the annual meeting of the Governors of the Prince of Wales's (Tottenham) General Hospital to be held in the Council Chamber at the Municipal Buildings on May 18th.

## The Truth About State Registration in the United States of America.

LETTERS ADDRESSED TO MISS L. L. DOCK.  
*Office of the Maryland State Board of Examiners  
of Nurses, Baltimore.*

MY DEAR MISS DOCK.—Your letter is just at hand, and in reply I will say that so far is State Registration from being a failure in Maryland, that we consider it one of the very best steps that nurses have ever taken. Nearly every school for nurses in the State is coming up to better standards because of it, and what benefits the nurse in this way benefits the public.

As a result of State Registration, we have a Society of Superintendents of Nurses, which meets once a month, and a uniform course of study is being worked out; in fact, the course for the first year is now being followed fairly closely, with a probability of doing better as soon as it is possible to readjust the work.

The Board of Examiners sends each Superintendent of Nurses the average made by her own pupils (not the individual average) in each subject, and this enables the Superintendent to see in what lines her work is weak. The Board of Health is co-operating with us in appointing only Registered Nurses as School Nurses or for tubercular work, and the usual request for institutional work is for Registered Nurses.

We had more nurses come up for examination this fall than ever before at one time. I mention these things to show that the value of State Registration is recognised by the public as well as by the nurses.

Very truly yours,  
MARY CARY PACKARD, R.N.,  
*President.*

*State of West Virginia Board of Examiners for  
Nurses.*

MY DEAR MISS DOCK.—Replying to yours of recent date regarding Registration in the United States, I would say that in so far as all indications point in our State, Registration is proving of decided benefit. We have had only two yearly examinations, but the last one was attended by a class of 42, an increase in number of 12 over the former year. And the papers were of much improved quality, showing that the Board's examination is having its effect upon the training of the nurses; also the training schools are showing evidence of an inclination to bring their work up to the standard.

I am,  
Very respectfully yours,  
Geo. LOUNSBERRY, Secretary.

## International News.

MISS L. L. DOCK writes that an extraordinary and gratifying amount of attention is already being shown by the medical fraternity in Europe in the next International Meeting in Cologne in 1912, and it is probable that many of the most progressive will attend the Congress.

## Appointments.

### MATRONS.

**Hartlepool Hospitals.**—Miss Louisa Strickland has been appointed Matron. She was trained at University College Hospital, London. Miss Strickland has held the positions of Night Superintendent at the Samaritan Free Hospital, London, and Matron of the Victoria Infirmary, Northwich.

**Knightswood Fever Hospital.**—Miss Agnes Lindsay has been appointed Matron. She was trained at the Western Infirmary, Glasgow, where she subsequently held the position of Sister. She also gained experience in the nursing of infectious diseases at the Belvidere Hospital, Glasgow, where she held the position of Assistant Matron.

**Combination Hospital, Annan.**—Miss Margaret Hope Stewart has been appointed Matron. She was trained at the Cumberland Infirmary, Carlisle, and has held the positions of Charge Nurse at the Dorset County Hospital, Dorchester, Charge Nurse at the North-Eastern, Tottenham (M.A.B.), and Home Sister at the Children's Infirmary, Carlisle.

**Crookston Home for Children, Cardonald, near Glasgow.**—Miss Katherine K. Campbell has been appointed Matron. She was trained at the Western Infirmary, Glasgow, where she has held the position of Sister.

### NIGHT SISTER.

**Victoria Hospital, Hull.**—Miss Florence Davis has been appointed Night Sister. She was trained at the Children's Hospital, Moseley, near Birmingham, and the Warneford General Hospital, Leamington. She has also had experience in the nursing of infectious diseases and in private nursing.

**The Infirmary, Greenock.**—Miss T. Wood has been appointed Night Sister. She was trained at the Western Infirmary, Glasgow.

## QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

### THE NEW MATRON-IN-CHIEF.

IN connection with the selection of Miss E. H. Becher, R.R.C. to succeed to the office of Matron-in-Chief at the War Office from 5th April next, we are able to give her professional career, which well qualifies her for the honourable and responsible position she will shortly assume. The Matron-in-Chief elect received her training at the London Hospital from 1892-1895, subsequently holding the position of Sister in male, medical, and surgical wards till December, 1899. She was sent from the London Hospital to South Africa as one of H.R.H. the Princess of Wales's (Queen Alexandra) Nurses on December 23rd, 1899, and served at Wynberg and Bloemfontein till June, 1900. She was then appointed Acting Superintendent of No. 19 General Hospital, Pretoria, until the hospital was closed in June, 1902, on the cessation of hostilities; was mentioned in despatches, and received the Order of the Royal Red Cross, and the South African medals.

Miss Becher returned to England in July, 1902, and was appointed a Principal Matron in Queen Alexandra's Imperial Military Nursing Service at

the War Office in 1903. She has therefore taken part in the re-organisation of the Military Nursing Service during the past seven years. She was appointed Secretary of the Nursing Board in addition to other duties in 1908, and has earned the reputation of being a thoroughly straight-forward woman of business, devoted to the interests of the great national Nursing Service she is promoted to superintendent.

Miss M. Wright, Sister, is placed on retired pay; Miss L. M. Culverwell, Sister, resigns her appointment (March 20th); Miss M. Byerley, Staff Nurse, resigns her appointment (March 23rd); Miss M. McCormick to be Staff Nurse (provisionally) (March 10th).

#### QUEEN ALEXANDRA'S ROYAL NAVAL NURSING SERVICE.

Miss M. S. C. Gubb has been appointed a Nursing Sister in Queen Alexandra's Royal Naval Nursing Service (on probation).

#### QUEEN ALEXANDRA'S MILITARY NURSING SERVICE FOR INDIA

The following ladies have been appointed Nursing Sisters in Queen Alexandra's Military Nursing Service for India. Dated September 16th, 1909: Miss Agnes Ethel Lowry, Miss Laura Ellen Davies, and Miss Grace Eleanor Fardell. Dated September 29th, 1909: Miss Fanny Mary Georgina Anderson and Miss Jose Pagan. Dated February 16th, 1910: Miss Frances Amy Lawrence Smith.

#### PRESENTATION.

Miss Carson-Rae, the late Lady Superintendent of Cork Street Fever Hospital, Dublin, has, on her retirement, received a valuable presentation from the joint members of the two Committees, ladies' and gentlemen's, which took the form of a handsome silver purse of sovereigns, as a token of their remembrance and gratitude for her many years' work there.

The nursing staff also presented her with a very beautiful set of entrée dishes with a suitable inscription. Miss Carson-Rae has now taken up the duties of Secretary to the Irish Nurses' Association, a position which we feel sure she will fill to their utmost satisfaction.

#### WEDDING BELLS.

The wedding of Miss May Beardsley and Dr. Samuel Northwood, of Kimberley, Nottingham, will take place in London on 7th April. Miss Beardsley, who was trained at the General Infirmary, Northampton, has recently resigned her position as a member of the Registered Nurses' Society, and her fellow-workers wish her every happiness in her married life.

#### PRACTICAL POINTS.

**Stomach Baths.** Patients who suffer from symptoms of gall-stones very often do not drink enough.

Sir Lauder Brunton advises them to drink a glass of hot water slowly one hour before every meal and also while dressing in the morning and while retiring at night. In this way the stomach is washed out preparatory for the next meal.

## Nursing Echoes.



Viscountess Esher hopes that ladies wishing to join the ambulance classes, which begin the last week in April, will communicate with her by letter, as soon as possible, to Craig's Court House, Whitehall.

The Hon. Sydney Holland, in moving the adoption of the report at the quarterly meeting of the Governors of the London Hospital, made the interesting announcement that the Board of Education has once more made a grant towards the expenses of the training of the nurses at Tredegar House; the grant amounting to £331 7s. He further said that the Committee were considering the question of applying for a long lease from Lord Tredegar for some piece of ground in the East End, on which a more suitable training school could be built. The present training school was inconvenient, being only two ordinary private houses knocked into one, and the actual class room was an old vinery in the garden.

In reply to a question put to the Under-Secretary for India in the House of Commons by Mr. Kelly with reference to the opening of the nursing profession to Indian women, Mr. Montagu replied that the General Hospital, Madras, was supported entirely from Indian revenue. As this was the principal State hospital in Madras, and receiving many European and Eurasian patients, it seemed advisable that the Matron, Assistant Matron, and head nurse should be Europeans or Eurasians trained in European hospitals. Such training was hardly available for Indians. The diffusion of a knowledge of medical matters among Indian women, the importance of which was fully recognised, was promoted by schools for the training of nurses attached to this and to other large hospitals in India.

School nurses will be glad to know that a monthly paper, *The School Child*, has now made its appearance. The sub-title is "A Journal for Children's Care Committees, and School Managers." The price is one penny, and it is obtainable through all booksellers and newsagents. The March issue contains two of a series of articles on the recommendations of

the Poor Law Commission, as they affect School Children," the first being "The Case for the Minority," by C. M. Lloyd, and the second, "A Reply to the Minority," by Mrs. Helen Bosanquet, a member of the Poor Law Commission, and a Signatory of the Majority Report. Next month Mrs. Sidney Webb will contribute an article to this discussion. Another article is one on "School Feeding in Liverpool," which will be read with interest by School Nurses.

An interesting and useful piece of work is being carried on by Miss E. B. Kingsford, formerly Matron of the Metropolitan Hospital, N.E., and Miss B. Wright, also a trained nurse, in the Fallow Corner Home for Homeless Children at North Finchley. The Home, which has now been open for twelve years, aims at making a suitable provision for the first infants of unmarried girls whose former lives have been thoroughly respectable, and to provide sound education, healthy surroundings, and careful attention for the children, and so to lay a stable foundation whereby they may develop into healthy, useful members of the community, instead of being the stunted, ill-nourished specimens of humanity which only too often result from unscrupulous baby-farming. As the report of the Home points out, this is an age when much is said about "race culture," and special interest is evinced in the welfare of children. If this be so, it is impossible to over-estimate the importance of judicious care during the early years of life. The Home exists to give a fair chance to children who from the force of circumstances are debarred the advantages of home life. It takes those who are most heavily handicapped, and more at the mercy of the world than any others, and tends them during their years of helplessness, thus preparing them to become useful citizens, fit to undertake the duties of life, and haply to transmit an improved strain to a future generation. Nurses could scarcely undertake a more useful work, and we wish Miss Kingsford and Miss Wright all the success they deserve.

Mrs. Hill, Chettle, Blandford, Dorset, writes to the *Times*, calling attention to the action of the Government of the Malay States in closing the European Hospital at Seremban, which she describes as "both ill-advised and unjust." She writes:—

"Seremban is the chief town of a large, and to Europeans an unhealthy, district, given up to rubber planting, and supporting a considerable and increasing European population; and for the last eight years a hospital has been maintained there by the Government for the use of this European

population. . . . Every year it has become more useful and more necessary. Large new areas of rubber estates have been opened up; there are many more Europeans, and consequently many more cases of fever. Yet now of all times, and without even making an appeal for subscriptions from the local residents and those interested in the country, to which a ready response would assuredly have been given, the Government have closed the hospital, and there is now, I understand, no place at Seremban where Europeans can be nursed. The reason given for this step is that the hospital gave too much work for one nurse, but not enough for two; and so, in the interests of economy and to avoid incurring the expense of providing a second nurse, who would not at once be fully occupied, the hospital has been abandoned altogether. . . .

The Government derive large revenues in land-rents and duties from the rubber estates which these European planters have done so much to develop, and one would suppose that it would be wise as a mere matter of prudence to make some provision for the health of those to whom it is so largely due that there are any revenues at all. . . . It is the duty of a Government to help and encourage its subjects, and not to neglect their greatest needs; and as one who formerly resided in this State, and has many friends who reside there still, I feel bound to make this protest against the action of the Government in closing a hospital which was so essential to the welfare of all Europeans living in those parts."

We agree thoroughly with Mrs. Hill that it is of the utmost importance that the Government should conserve the health of settlers in the Malay States, but what strikes us as outrageous is that any hospital can be worked by one nurse! Is it conceivable that no provision is to be made for the nurse to be off duty night or day? No hospital should be sanctioned where a staff of less than three nurses can be maintained—two for day duty (one to relieve the other) and one for night duty. A less staff spells sweating—a custom very prevalent at home in our cottage hospitals—where the women's work is concerned.

Dr. George M. Robertson, Physician-Superintendent of the Royal Edinburgh Asylum, has always been a warm supporter of the adoption of hospital methods in asylum management, and of the employment of nurses who have received a general training in the responsible positions. In an exhaustive report on the working of the Asylum he describes the history of the past year which, he says, may be summed up in the word "organisation." Craig House, on Craiglockhart Hill, intended for people of means, and the West House in the Morningside district, are both governed by the managers of the Royal Edinburgh Asylum. The nursing



and domestic staff at West House have been strengthened by ten heads of departments, fully responsible under the Lady Superintendent and the Matrons, for the efficiency of their special departments. All are women of good education, and almost all hold certificates of proficiency from hospitals and asylums, or from schools of domestic economy.

Dr. Robertson frankly distrusts any practice peculiar to asylums. His aim is to approximate his methods to those of hospitals, and he states "nothing has aided more in attaining this object than the introduction into asylums of hospital trained nurses. My own policy for many years has been openly to put under suspicion any practice that is in operation which is peculiar to asylums. If I find I can do without it I abolish it, and if I find it cannot be done without, but that it can be replaced by another method of a hospital character, then I introduce that. Subject to this stern criticism, it is surprising how many anachronisms and worthless traditions can be discarded, and with a policy of hospitalisation so definite and uncompromising, progress towards the goal we strive for is a comparatively easy matter."

Dr. Robertson remarks that it is curious that the padded room of which mental experts are now beginning to feel ashamed should have been invented about 66 years ago by Conolly, the great apostle of the non-restraint and humane methods of treatment for the insane. But at that time many patients were violent and aggressive owing to the ill-treatment they had previously received from their attendants. Cases of furious or raging mania such as were described in those days are never seen now because they were goaded into being by the vile treatment they received, whereas skilful treatment has a tranquillising effect. Conolly writes of the nursing staff of that day that they "were worse dressed, and wilder looking than the generality of the patients."

The *Irish Times* publishes an interesting account of the foundation of Dr. Steevens' Hospital, by Madame Steevens, a great philanthropist, in 1720. Grissel Steevens was the daughter of a Royalist English clergyman, who, having preached against Cromwell, was obliged to fly to Ireland, and settled in Athlone with his wife and two children, Richard and Grissel. Richard, who afterwards practised medicine in Dublin, died in 1710, bequeathing property in Westmeath and Queen's County to the value of £600 a year to his sister. If she should marry she was to regard the legacy as her sole property, but in the event of her remaining single,

the testator suggested that she ought to found a hospital for the treatment of those whose "distempers and wounds were curable." It was in the most working class part of the city, between Bow Lane and the banks of the Liffey, that Madame Steevens in 1717 purchased some acres of land, and there prepared to carry out what was as much her own design as that of her brother, contributing at the same time £2,000 towards the building.

The legend that Madame Steevens was a "pig-faced lady" probably arose from the fact that she visited the poorest parts of the town closely veiled, and at the age of ninety-three she had to sit by the front corridor window with the blinds drawn back to convince the people she was not deformed.

The nurses of this historic old hospital are now sent to all parts of the world, and have gained laurels for it even in far off Siam.

Mr. J. C. Eaton has generously notified the Board of Trustees of the Toronto General Hospital that he will contribute 250,000 dollars to the new hospital; he has been appointed by the Provincial Government a member of the Board of Trustees of the hospital in the place of Dr. Orr, who resigned to fill the vacancy. An order in Council has been passed, making the appointment, as the Government considers it of great importance that Mr. Eaton should be associated with the trust.

American nurses are keenly interested in the announcement that the ninth International Red Cross Conference will probably be held in Washington during May, 1912. At the eighth International Conference held in London in 1907 the American Red Cross delegates proposed that the next Conference should be held in Washington, the arrangements being carried out by the Central Committee of the American Red Cross. The International Council at Geneva favourably received the invitation, and has placed itself entirely at the disposition of the American Committee to aid in the organisation of the Conference.

A representative Committee on the Nursing Service of the National Red Cross, with Miss Delano as President is now considering the rules and method of organisation of members of the Service. The *American Journal of Nursing* says that Miss Delano's practical knowledge of Red Cross work and her close touch with nursing affairs make her a most efficient and inspiring leader during this difficult period of organisation.

## Some Charities in the West Riding of Yorkshire.

By MACK ALL.

### THE GENERAL INFIRMARY AT LEEDS.

#### I.

The General Infirmary at Leeds is one of the best known hospitals in the North of England. It stands at the heart of the West Riding. One hundred and forty years ago there was a General Infirmary at Leeds.

The present building was erected forty-one years ago. It cost £120,000 then, and a larger sum has been expended since, keeping it up to date and enlarging its borders. Yet one has to remember that four decades ago the structural ideas concerning hospital building were not the ideas that prevail to-day. It is possible a modern architect would plan the building in a different way. It is scarcely possible that better work or more scientific could be done even in a modern building.

The site of the hospital is on an elevation, and has the advantage of being wind-swept. The outside of the hospital is not attractive. The walls are grimy and the windows bare. The entrance hall compensates for the dingy exterior. A fire burns in a wide grate, and the decorations and colouring are very fine. Doors at each side of this hall lead into the casualty department, the Manager's offices, and the apartments of the resident staff. In front is a wide staircase; this leads one on a circular corridor, surrounding a court. This court is the first thing to strike a stranger—it is so unexpected. It has a glass roof, seats around its sides, and in the centre a tennis court. Allegorie figures are ranged round. It reminds one of a corner of Hampton Court.

It would take days to explore this village within walls; and much more space than the Editor will allow me to describe what I noticed in a few hours.

There are 100 beds in the hospital, and between seven and eight thousand patients are treated there annually. This is the only hospital in Leeds where casualty cases and accidents can be brought at any time. The outdoor department in 1908 treated 48,635 patients. Over 500 maternity cases were looked after from the Infirmary. As a matter of fact, there seemed to be some overcrowding in the wards. All the wards are built so that two beds stand between each pair of windows; this did not seem to give sufficient floor space. Another thing that was very noticeable in the wards was the number of acute cases; there were literally no convalescents. The con-

valescents, we learnt, are removed to a semi-convalescent home, but this unique establishment deserves an article to itself.

The wards contain 28 and 32 beds each. The walls are of light colour, painted and varnished. The floors are of oak, and beeswaxed. The white counterpanes and folded crimson rugs at the foot of the beds made a welcome bit of colour in the wards. There is one modern-sized ward in the hospital, and the authorities aim at bringing all the others into line with it. This is the Weatherill Ward, called after a gentleman who left over £124,000 to the Infirmary in 1905. A marble medallion of Mr. Weatherill is in a niche of the wall near the door. The walls of this ward are pale green, and the paint oak-coloured. The windows are fitted in summer with blinds that roll from the bottom upwards. The beds are constructed so that the top end can be used as a bed rest. Chains take the place of springs and the mattresses are of horsehair. Tents were around many of the beds here, so arranged as not to get in the way of the nurse, and yet to screen the patient sufficiently. One old man was very proud of the method used for supplying him with steam instead of the old-fashioned steam kettle. Nearly everything that science and ingenuity could devise to ease suffering and prolong life was to be seen in this ward. The patients were accident cases, and it was literally "a palace of pain."

The lockers were of the newest patterns, and a structure in the centre of the ward acted as table and drawers. All dressings are placed in covers of strong calico and lint, and sent to the centre sterilised.

A room leading out of the ward had many labour-saving contrivances. One was for heating hot-water bottles. Two sterilisers, one for instruments and another for gloves, had water taps over each for refilling. The bathroom and lavatories were also at the end of this ward. Just outside the ward door was a small kitchen with a gas stove. This is used for heating plates, milk, and beef tea, all meals being sent from the centre kitchen ready to be served out.

There are five theatres in the hospital; these are heated and ventilated by the Plenum system. Drawers and cupboards are dust-proof. In connection with the theatres there are rooms for the honorary staff and for the students to prepare themselves for operations, anæsthetic rooms, and recovery rooms. The nurses while in the theatre wear overalls and caps made to cover their hair and neck; the latter lend a very sweet, Madonna-like look to the face, and are not likely to be forgotten.

The air in the theatres was oppressive, and both the theatres and rooms used in connec-

tion with them seemed rather small and overcrowded with fixtures.

There is a large outdoor department, to which patients are admitted free.

The Infirmary has an honorary staff of between 20 and thirty physicians and surgeons, and the indoor staff consists of 16 residents.

The nursing staff numbers over 100. These consist of a Lady Superintendent, an Assistant Superintendent, 15 Sisters, and 88 nurses and probationers. This is the permanent staff; for special cases nurses from the Nurses' Homes in the town are sometimes employed. The training for nurses is for four years. Fourth year nurses are called "staff nurses." The Sisters are chosen from nurses trained at the Infirmary.

The nurses spend several months during their training at the semi-convalescent home belonging to the Infirmary; here the life is not so strenuous as at Leeds.

During her first and second years, a probationer is required to attend a course of lectures on anatomy and physiology, surgery, medicine, and elementary hygiene. She must pass an examination in each subject, or receive a modified certificate at the end of her training. The certificate shows both the practical and theoretical work. Miss Fisher remarked that "often the most practical nurses are poor at theory and *vice versa* in a greater degree, and that the fairest way was to let theory and practice go hand in hand."

Nurses trained at the Leeds General Infirmary get some of the best posts in the nursing world. The rules and regulations for nurses state that "candidates must be well educated, active, industrious, thoroughly trustworthy, and of unexceptional character; age between 22 and 30."

There are numbers of applications, but the right sort of probationer is always welcomed. Each nurse and probationer has a bedroom to herself in the comfortable Nurses' Home, which is joined on to the hospital by a covered way. The housekeeper's post is a permanent one, and she need not necessarily be a nurse. A *chef* rules the kitchen; he is assisted by six women; they have at the rate of about 100 persons each to cook for.

The Infirmary owns its own laundry; this is in charge of a Laundry Matron. The washing is done here for the convalescent home as well as for the Infirmary staff and patients.

The latest addition to the Infirmary is a Lady Almoner, who spends the greater part of three days in the institution each week.

The Leeds Infirmary is noted for retaining its staff. Miss Fisher, the Lady Superintendent, has been there for 20 years, and she is

not the oldest inhabitant by a long way. The housekeeper, who retired a year ago, had been at her post for 33 years.

Miss Fisher believes that both nurses and patients will benefit by State Registration, and she will welcome the day when all fully trained nurses will have their position better defined.

If fate is kind, I will some day write an article on "Matrons I have Met," and bring the Lady Superintendent of Leeds General Infirmary in under another name. But, until then, I must not discuss her in print. Miss Fisher comes from North of the Tweed, and if she suspected me of "blarney," I would not have a chance of describing the semi-convalescent home in connection with the Leeds General Infirmary, of which Miss Fisher is also Superintendent.

Last year the Infirmary sustained a great loss in the death Mr. Thomas Blair, who for many years was the General Manager. His successor is Mr. Bray.

To the Board of Management, and to the General Manager, no less than to the medical, surgical, and nursing staff, is due the popularity and usefulness of the General Infirmary at Leeds.

### Pension Scheme.

The fourth annual meeting of the Pension Scheme for male employees of Cadbury Bros., Ltd., Bourneville, was recently held at Bourneville. The membership is now about 2,000. The balance-sheet shows accumulations in the fund of £106,000, which includes the sum of £55,000 paid by the Company on account of their special donation for the back service of old employees. An announcement was made to the meeting that the Company was now paying another £5,000 of this donation. The investment of the fund is all in securities outside the Company's business. The contributions of members and Company are now about £14,000 per annum, the proportion paid by the Company being slightly in excess of that paid by members. The scheme was adopted after taking the advice of the highest actuarial authority, and is therefore based on the soundest lines. We congratulate this great cocoa firm on its paternal interest in the workers. Such co-operation is a sure basis of success.

### Medical Congress in London.

The seventy-eighth annual meeting of the British Medical Association will take place in London in the month of July. The annual representative meeting, which precedes the Congress, will be held at the Guildhall, and the programme includes a service in Westminster Abbey. The president will be Sir William Whitla, and the president-elect is Mr. H. T. Butlin.

## Reflections.

### FROM A BOARD ROOM MIRROR.

Sir Thomas Barlow, Bart., K.C.V.O., has been elected President of the Royal College of Physicians of London in succession to Sir Richard Douglas Powell, who has held the office since 1905. Sir Thomas Barlow is on the visiting staff of University College Hospital, and Consulting Physician to the Hospital for Sick Children, Great Ormond Street, W.C.

The Committee of St. Peter's Hospital, Henrietta Street, Covent Garden, W.C., are desirous of raising £5,000 to relieve the hospital from debt and provide for necessary improvements, in connection with the Jubilee Festival on April 26th next, when Lord Alford will preside. Since the opening of the present hospital in 1882 by the late Duke of Albany, K.G., 1,599 operations for the removal of stone from the bladder have been performed, and the mortality, which was 15.25 per cent. in the first decade of the hospital's existence, was last year only 1.96 per cent. The operation for the enucleation of the prostate gland was initiated in the hospital just nine years ago, and is now universally accepted and practised throughout the world. Out of the 80 who submitted to the operation of prostatectomy last year 75 were completely cured.

The Duke of Connaught, who is the president of the Institution, will preside at the Anniversary Festival of the British Orphan Asylum at the Hotel Metropole on Tuesday, May 24th.

The General Hospital, Birmingham, one of the busiest and most up-to-date hospitals in the Midlands, dealt last year with some 70,000 patients, 5,511 of these being in-patients. The operations performed numbered 3,929. The good work which the hospital can do appears to be unlimited, but the Board and the able House Governor, Mr. Howard Collins, view with apprehension the falling off in annual subscriptions and the increasing overdraft at the bank. A wealthy city such as Birmingham should not allow its hospitals to be in want. The present Matron, Miss E. M. Musson, entered upon her duties in March of last year, and since her appointment 14 nurses have been added to the staff, which now numbers 120. All of these must be kept busy in dealing with so large a number of patients.

A great International Exhibition is to be held in Dresden next year for the instruction of specialists in hygiene, and all who are interested in the public health. The King of Saxony has lent a large portion of the Royal Great Garden to the organisers, and the German Government have placed a considerable sum of money at the disposal of the authorities. The Municipality of Dresden has subscribed a large sum, and the wealthier inhabitants of Dresden have contributed about £50,000.

## Morality in Relation to Health.

### ADDRESS BY DR. MORROW.

Dr. Prince A. Morrow, of New York, has published in pamphlet form an address delivered before the American Society of Sanitary and Moral Prophylaxis, 19, East 42nd Street, New York City, of which he is President, entitled "Results of the Work Accomplished by the Movement for Sanitary and Moral Prophylaxis," in which he reviews the results of the work accomplished, alludes to some of the difficulties encountered, and indicates what the signs of promise are for the ultimate success of this movement. Dr. Morrow points out that the value of the Society's work is not to be measured alone by material results in diminishing the sum of venereal morbidity and mortality. If carried to a successful issue it will represent an improvement in the moral as well as the physical health of the people. After discussing the question from various standpoints he says: "The chief difficulty encountered in the enlightenment of the public has been the social sentiment which, masquerading under the guise of modesty and propriety, has resolutely refused to recognise the existence of this class of diseases. . . . Women—modest, refined, the most womanly of women—are not offended by our plainness of speech; their feeling is not one of outraged modesty, but of indignation, of resentment rather, that matters which so materially concern their health, and the health and lives of their children, have always been concealed from them by the medical profession." He further expresses the opinion that "it is eminently proper and fitting that women should interest themselves in this movement. It is largely a woman's question, for it is upon woman, and the children who are a part of her being, that the burden of suffering, disease, and death from this social scourge is chiefly laid."

### LITERATURE FOR NURSES.

Miss L. L. Dock sends us the following list of literature, compiled by Dr. Caroline Hedger, member of the Federation Committee, for the use of nurses:—

The following six educational pamphlets, published by the Society of Sanitary and Moral Prophylaxis, 9, East 42nd Street, New York City, which may be obtained in this country through the Workers' Bookshop, 18a, New Oxford Street, W.C.:

(1) "The Young Man's Problem," (2) "Education in the Physiology and Hygiene of Sex for Teachers," (3) "The Relations of Social Diseases with Marriage," (4) "The Boy Problem," (5) "How My Uncle, the Doctor, Instructed Me in Matters of Sex," (6) "Health and the Hygiene of Sex for College Students." Also recommended:—

Abbott: *Handbook of Transmissible Diseases*, page 166. Bullantyne: *Abortion*, *Brit. Med. Jour.*, Jan. 22nd, 1898. Belfield: (1) *Man and Woman*; (2) *Woman the Higher Type*. Blackwell, Elizabeth: *Essays in Med. Sociology*, 2 v., Lond., '02. Blackwell, Elizabeth: *The Human Element in Sex*, 2nd edition, Lond., 1884. Bulkley: *Syphilis of the Innocent*. Buret: *Syphilis in Ancient Times*, Phil., 1891. Clark: *Blood Vessels of Ovary* (best,



most scientific); *Contributions to Science of Medicine*, by pupils of Wm. E. Welch. *Cleveland*: Prophylaxis Ven. Disease, Tr. Amer. Gyn. Soc., '07 (fine article for education). *Clouston*: *Female Education*, *Bost. Med. and Surg. Jour.*, 1883, CVIII., p. 68. *Cumston*: What Effective Measures are there for the Prevention of the Spread of Syphilis, *Jour. Amer. Med. Assn.*, '06, XLVII., 1372. *Duncan*: Sterility of Women, *Brit. Med. Jour.*, Lond., 1883, I, 393, 445-497, 550-604, 701-753. *Fernald*: Sociologic View of Criminal Abortion, *Ill. Med. Jour.*, '03-4, v. 57. *Fisher and Ostwald*: Zur Physikalisches Chemischen; Theorie der Befruchtung; Pflügers Arch. F. d. ges. Physiologie, 1905, vol. 106, p. 227. *Galbraiths*: Four Epochs in a Woman's Life. *Geddes and Thompson*: Evolution of Sex (bibliography, good). *Goffe, J. R.*: Sterility, International Clinic, Phila., '03-13-s, II, 261. *Gordon*: Gonorrhoea in Women, *Medical Record*, v. 50, Nov. 21st, 1896, p. 470 (bibliography). *Hannauer*: Die Bekämpfung der Sexuellen Infectious Krankheiten. *Hardlock, Ellis*: Man and Woman. *Jacoby, Mary Putnam*: The Question of Rest for Women (prize essay). *Jones*: Syphilis Considered in its Ethical Relations, *Med. Rev. of Rev.*, N. Y., '03, IX., 812-817. *Jones, Mary*: Sterility in Women, *Medical Record*, N. Y., 1891, XL., 317. *Jullien*: Blennorrhagie et Mariage, 1898. *Kay*: A Study of Sterility, *Jour. Amer. Med. Assn.*, Chicago, 1891, XVI., 181, 222, 265 (bibliog.). *Lancereaux*: Treatise on Syphilis, Lond., 1868-9; Bibliograph on Prostitution. *Lepington*: Hygienic Measures against Syphilis, *Lancet*, '06, I, p. 1,853. *Loeb*: *American Jour. Physiology*, 1899-1900. *Loeb*: 1896, *Physiologic Archives*. *Lowndes and Briscoe*: Ethics in Relation to Syphilis, *Lancet*, '06, p. 991. *Lydston*: Prevention of Gonorrhoeal Infection; Twentieth Cent. Practice, vol. I, p. 442 (believes in easily acquired innocent infection). *Martin*: Gonorrhoea in Children, *Jour. Cutan. and Gen. U. Diseases*, Nov., 1892, p. 418. *Koplik*, *Ibid*, 1893 (bibliography). *McMurphy, Helen*: Physiology of Menstruation, *Lancet*, Oct. 5th, 1901. *Minot*: Embryology. *Morley*: Renewal of Life. *Morrow*: Syphilis and Divorce, *Medical News*, N. Y., 1903, Vol. 83, p. 1,110. *Morrow*: Syphilis and the Medical Secret, *Jour. Cutan. Dis. Including Syphilis*, N. Y., '03, XXI., 268 (relates to protection of nurses under French law). *Murch*: A Contribution to the Prophylaxis of Venereal Disease, *Am. Medicine*, Phil., '03, Vol. VI., p. 480. *Murch*: Physician's Responsibility to Venereal Patients, *Am. Medicine*, Dec. 13th, '02. *Noeggerath*: Latent Gonorrhoea, *Tr. Amer. Gyn. Soc.*, 1876, I., 268. *Philbrick, Inc.*: Social Causes of Criminal Abortion, *Med. Record*, N. Y., '04, LXVI., p. 489. *Rentoul, R. R.*: (1) Race Culture or Race Suicide—Which? 1906; (2) Causes and Treatment of Abortion; (3) Woman's Health. *Tabler, Maria, Ph.D.*: Physiology of Menstruation, *Monatsschrift für Geburtshilfe und Gyn. Bd.*, 22. *Thibierge*: Syphilis, '03. *Thomas*: Abortion, N. Y., 1898. *Thomas, W. I.*: Sex and Society, *Chicago Press*, 1907. *Wilcox*: Ethical Marriage. *Wilson*: The Cell in Development and Inheritance, *Columb. Univ. Biologic. Series*.

## Outside the Gates.



The Holloway Discharged Prisoners' Aid Society states in its annual report that there were last year 13,132 women prisoners discharged from Holloway Prison sent there from London, Middlesex, Surrey, West Kent, and a part of Essex. They varied from the Militant Suffragist to the most degraded inebriate. Many had little mental power but could not be certified as insane. Some were very young and ought not to have been released to carry out their avowed intention of leading an immoral life, and some were very old and should be sheltered for the remainder of their lives. Of the discharged prisoners 4,386 applied for help, and 3,949 received assistance from the Society's agents, who were at the prison gates every morning to meet such women as were released. Some were restored to family or friends, some started in business as street hawkers or in other ways, and some of the more hopeful went into homes for training.

Miss Isabel Cleghorn, Head Mistress of Heeley Bank Council School, Sheffield, was on Monday elected Vice-President of the National Union of Teachers at its Annual Conference at Plymouth, as a result of the previous ballot. She is the first woman Vice-President elected, and will automatically become President of the Union next year. On rising to acknowledge her election, Miss Cleghorn, who was enthusiastically cheered, said that the vote was in effect a declaration that the Union knew no Salic law, and that in the future women might share with men not only the pleasure of paying their subscriptions, but also its highest honours and greatest responsibilities.

The Right Hon. R. B. Haldane, M.P., Secretary of State for War, addressing a meeting of his constituents at Haddington, on Monday, said that women were coming to the front in politics because the sense of citizenship was growing in their minds. There was a great disposition on the part of women to assert their right to a voice in the control of public affairs, and lately questions in the fore-front of politics, such as Tariff Reform, had touched the home interests of women very deeply.

Mr. E. Castberg, ex-Minister of Justice in Norway, lecturing at University College last week, stated that in Norway a separation is always granted by the magistrates without any special reason being alleged if it is demanded by both parties. A separation can also be granted by the Ministry of Justice if a man is a drunkard, or has grossly neglected his conjugal duties, or if there is strong incompatibility. The granting of a divorce following a separation rested with the King—i.e., the Ministry of Justice—when one year had elapsed after separation if both parties were agreed, otherwise the term was two years.

## Book of the Week.

## "I WILL MAINTAIN."

There are those who believe that the interest of a novel cannot be maintained unless it is dominated by a love episode. Samuel Warren disproved this when he wrote "Now and Then." Miss Marjorie Bowen has done the same in her latest novel, "I Will Maintain," which more than confirms the strong evidence we have already had, that she is a novelist of extraordinary genius—a woman saturated with history, which she can weave into romances of enthralling interest for our instruction and recreation.

The book takes its title from the motto of the House of Orange: "Moi je sera Nassau, je maintiendrai," and is the story of John de Witt, Republican, and Grand Pensionary of the United Provinces; and William Prince of Orange, in his guardianship and under his tutelage as head of the Republic. The historical situation finds its parallel in our own country at the time of the struggle between Royalists and Parliamentarians, when good men of both parties willingly laid down their lives for principles which they believed to be vital.

John de Witt was a true patriot, a man of great nobility of character, who served his country with a single aim, and deserved better at its hands after spending twenty laborious years in its service than to be torn to pieces by a frenzied mob.

But our sympathies go out to William of Orange; of delicate health, surrounded by those whom he distrusts, veiling his real feelings under a deep reserve, apparently submissive to his Governor, John de Witt, but inwardly raging at having to submit to the control of a burgler, and quietly biding his time to show that he too is inspired by a burning patriotism, and that he can bring to his country's service gifts greater even than John de Witt, since he succeeds in foiling the attempts of Louis XIV. of France and Charles II. of England to compel the submission of the United Provinces to the outrageous demands of France, when de Witt's policy has failed completely.

And surely de Witt's insight was at fault when he believed that he could educate a Prince of the House of Orange to become a good Republican. M. de Montbas told him plainly: "You have been wrong from the first. You cannot tame an eagle with sugar and smiles. If you want to keep him you cage him, otherwise he will fly as soon as he is able, though he may have taken your friendliness while his wings were growing." Nevertheless, though William was "a prince in a thousand, a nature as deep, as constant as any the Lord God ever made," yet he owed something too to John de Witt, who could truly say, "I have taken some pains with his teaching; he hath been educated as a Christian, a Dutchman, a gentleman; I cannot believe my labour has been in vain—not utterly."

William of Orange did little to gain the affection of the nation, but it was his for the taking, for he had charm—perhaps he owed it to his Stuart blood—which bound people to his service

without any effort on his part. He had tact also, and insight beyond his years. He took counsel of no one—and it goes without saying that he was lonely. We have a glimpse of his clear-sightedness when, at a ball, he repels the advances of the tool of France, a beautiful woman twice his age, and experienced in the ways of the world to whom he professes his belief in predestination, and says, "I do not believe, madame, that I am predestined to be the tool of the King of France. The Princes of my house have left behind them records that teach me different aims and higher ambitions!" In the face of almost unsurmountable obstacles he accomplished the task which he set before himself—to rescue the United Provinces from the designs of France upon her liberties, to repel the foreign invader, and to preserve intact her national independence and her reformed religion, even at the expense, as a last resource, of cutting the dykes and flooding the country.

Our regret is that two such noble natures as those of John de Witt and William Prince of Orange should inevitably have been at variance, so that de Witt felt "meeting his own firm resolve, iron striking iron, the unyielding strength of two opposed natures brought into contest."

To those unacquainted with it let me commend Motley's "Rise and Fall of the Dutch Republic."

P. G. Y.

## COMING EVENTS.

*April 5th.*—First lecture of a Post Graduate Course to Nurses, arranged by the Guy's Hospital Nurses' League, on "Recent Changes and Treatment in the Medical Wards." Course open to non-members on payment of a fee of 7s. 6d. Nurses' Home, Guy's Hospital, 8 p.m.

*April 5th.*—Gresham Lectures: Dr. F. M. Sandwith begins a course of four lectures on "Elementary Domestic Hygiene," City of London School, 6.

*April 6th.*—Royal Sanitary Institute, 90, Buckingham Palace Road, S.W. Paper on "Sanitary Aspects of Floods, and Measures to be Taken to Prevent Epidemics Arising Therefrom," by Dr. A. J. Martin, Inspecteur Général des Services d'Hygiène de la Ville de Paris. Chairman, A. Winter Blyth, Esq., Barrister-at-Law. 5 p.m.

*April 7th.*—Child Study Society: Dr. T. B. Hyslop on "Subconsciousness," 90, Buckingham Palace Road, 7.30.

*April 21st.*—Monthly Meeting of Central Midwives' Board, Board Room, Caxton House, Westminster, S.W., 2.45 p.m.

*April 22nd.*—Society for the State Registration of Nurses: Meeting of Executive Committee, 431, Oxford Street, 4 p.m.

*April 27th to 30th.*—Third Annual Nursing and Midwifery Exhibition and Conference, Royal Horticultural Hall, Westminster, S.W.

*April 28th.*—Examination of Central Midwives Board at the Examination Hall, Victoria Embankment, W.C. The Oral Examination follows a few days later.

## WORD FOR THE WEEK.

"Above the clouds the sky is blue."

\* By Marjorie Bowen. (Methuen and Co., 36, Essex Street, Strand, W.C.)

## Letters to the Editor.



Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

### GODS LAW.

To the Editor of the "*British Journal of Nursing.*"

DEAR MADAM.—We have to thank Miss Windall for her out-spoken letter. In my district—a very poor one in a black manufacturing town—I have had heart-rending experiences. Rottenness—the word you use—exactly expresses the condition of many of my patients. But these people have little relation to the Divorce Laws, because the majority of them are not married—men and women simply live together as man and wife, without any civil or religious ceremony at all. The animal savagery of these human beings is a national danger and disgrace. Would that something effective could be done to raise them! Their instincts are good when they are sober, but the majority do not understand what morality means. Children are never innocent, and many are diseased.

Yours sadly,

A QUEEN'S NURSE.

### RE FIRE GUARDS AND OVER-LAYING CHILDREN

To the Editor of the "*British Journal of Nursing.*"

DEAR MADAM,—Could you kindly favour me with the exact wording of the Act of Parliament relating to above through the columns of your journal? Thanking you in anticipation.

Yours sincerely,

ROSE RUTTER.

Hayle, Cornwall.

[The Children's Act provides "Suffocation of Infants" (Clause 13): "When it is proved that the death of an infant under three years of age was caused by suffocation (not being suffocation caused by disease or the presence of any foreign body in the throat, or air-passages of the infant) whilst the infant was in bed with some other person over sixteen years of age, and that that other person was at the time of going to bed under the influence of drink, that other person shall be deemed to have neglected the infant in a manner likely to cause injury to its health within the meaning of this part of this Act."

"Exposing children to risk of burning." (Clause 15) provides: "If any person over the age of sixteen years, who has the custody, charge, or care of any child under the age of seven years, allows that child to be in any room containing an open fire-grate not sufficiently protected to guard against the risk of the child being burnt or scalded, without taking reasonable precautions against that risk, and by reason thereof the child is killed, or suffers serious injury, he shall, on summary conviction, be liable to a fine not exceeding ten pounds."—Ed.]

### "THE CAT: ITS CARE AND MANAGEMENT."

To the Editor of the "*British Journal of Nursing.*"

DEAR MADAM,—I should like to thank your correspondent for the address of the publisher of the above, which I have now got, and which will be very useful to me.

Thanking you, dear madam, for your kindness,  
I am,

Yours faithfully,  
DISTRICT NURSE.

### THE CANING OF SCHOOL CHILDREN.

To the Editor of the "*British Journal of Nursing.*"

MADAM,—I think your readers will be interested in what Sir John Gorst has to say about the flogging of children. Here is his opinion:—

"Flogging terrifies the children; it makes them hate school and escape from it as much as they can; it exasperates those parents who do not beat their children themselves, and resent it being done by persons to whom they are compelled by law to entrust them."

A convert from corporal punishment is to be found in Dr. H. J. Spenser, head master of University College School. He was sceptical on his appointment, seven years ago, as to his success in managing on the traditional lines of the school—i.e., without corporal punishment—but he now asserts that he will never revert to the rod.

The corporal punishment of school children has been abolished in every country of importance except England. It does not exist in France, Holland, Italy, Japan, and many of the States of America, while in Egyptian schools the infliction of the rod or cane is absolutely prohibited.

Solomon was thought to have said the last word of wisdom on the subject, but the modern Socrates, Mr. Dooley, finally settled the matter in a recent dialogue: "Spare the rod an' spare th' child," said Mr. Hennessy. "Yes," said Mr. Dooley, "but don't spare th' rod an' ye spare th' rod, th' child, an' th' child's father."

Yours, etc.,  
HUMANITARIAN.

## Comments and Replies.

*L.O.S. Certificate, Birmingham.*—You should apply without delay to have your name entered on the Roll of the Central Midwives' Board, as the new rule which enables the Board, at its discretion, to enrol duly qualified midwives who failed to claim the Board's certificate before April 1st, 1905, only holds good for six months. Write to the Secretary, Central Midwives' Board, Caxton House, Westminster, S.W.

*Candidate, London.*—Write to the Matron of the hospital, and ask for an interview.

## Notice.

### OUR PUZZLE PRIZE.

Rules for competing for the Pictorial Puzzle Prize will be found on Advertisement page xii.

# The Midwife.

## Midwives in English History.

The first Royal midwife mentioned in the old records is Marguerite Cobbe, wife of John Cobbe. She was granted a pension of £12 per annum, ordered by Letters Patent, in recognition of her services to Queen Elizabeth Woodville, wife of Edward IV., at the birth of Edward, the elder of the ill-fated little Princess murdered in the Tower. He was born in a troublous time; the King was waging war against Warwick; the Queen had been sent to the Tower for safety; she was expecting a fourth child.

With great energy she prepared the Tower for a siege, but when the news came that Warwick was in London she fled panic-stricken with her mother and three little daughters to a great, gloomy fortress, known as the Sanctuary. Here, destitute of necessities, and dependent on the charity of generous subjects, she gave birth on November 1st, 1470, to the much-hoped-for heir. "Mother Cobbe, a well-disposed midwife, resident in the Sanctuary, charitably assisted the distressed Queen in the hour of maternal peril, and acted as nurse to the little Prince." When the rebellion was crushed Edward bestowed "princely rewards" on those who had aided "his Elizabeth," as he called her, in that fearful crisis.

There is a quaint story anent the birth of the first child of Elizabeth Woodville. Edward and the royal physicians learned in astrology had predicted the birth of a prince. One of the physicians, Dominic by name, crouched outside the bed-chamber listening. Directly he heard the child cry he knocked and asked what her Grace had? Thereupon one of her ladies smartly answered: "Whatsoever the Queen's grace hath here within, sure 'tis a fool that standeth there without." Poor Dr. Dominic stole away discomfited.

In the first half of the sixteenth century Alice Massey was Queen's midwife. In the privy-purse accounts of Elizabeth of York, wife of Henry VII., is found an entry of £10 paid to Alice Massey for exercise of her office, and later clothing for a former "nurse" to her brother, Edward V., is one of the items.

It is interesting to compare the salaries given then with those of to-day. The maids of honour had an allowance of £6 13s. 4d. per annum, and the governess received £13 6s. 8d., so it appears the midwife was not ill paid. To the Countess Margaret Beaufort, mother-in-law of Queen Elizabeth Woodville, we owe details of the ancient etiquette and ceremonial previous to a royal birth. The Queen went into retirement for the last month. She first attended Mass at Westminster, accompanied by the greater part of the nobles of the realm, and then passed on to the Royal Chambers in Westminster Palace. Arrived at the ante-room, the Lord Chamberlain desired, in the Queen's name, "all her people to pray that God would send her a good

hour"; then she retired into her chamber, which was "hanged and ceiled with blue cloth of arras, enriched with gold fleur-de-lis." A curtain was drawn, and "thenceforth," says the old chronicler, "no manner of officer came within the Queen's chamber, but only ladies and gentlewomen, after the old custom."

It must have been a dreary, unwholesome confinement; for "the Royal patient was enclosed not only from air, but from the light of day"; sides, roof, windows, and all of the lying-in-chamber were hung with rich cloth of arras, except one window, "where it was hanged so that the Queen might have light when it pleased her."

When Elizabeth was expecting her seventh child, she conferred with a French nurse, but dismissed her with a gratuity of 6s. 8d.; later she interviewed a Mistress Harcourt, who had been commended to her, but she likewise was dismissed with a gratuity. It appears that Her Majesty was not easily pleased in the matter of midwives, though history extols her as gentle, pious, and lovely. She was the last Queen to choose the Tower for her accouchement; it ended tragically in her death, nine days after the birth of a daughter, Katherine.

There is mention later of one Elizabeth Gaunssford, a devout Catholic, who christened the child "in utero" in cases of delayed labour.

This office of Queen's midwife was doubtless much sought after, but it was a delicate matter even to speak of it when Henry VIII. ruled our Merrie England, and took unto him wives at pleasure.

A Matron of Watlington was attended by one Johane Hammulden, a midwife; so skilled was she that the Matron said she was worthy of being midwife to the Queen of England, provided it were Queen Kateryn, but she was too good for Queen Anne. This latter she abused so roundly that the ungrateful Johane informed against her. The scandal and gossip seethed in Watlington, and it transpired that Mrs. Hammulden had likewise indiscreetly spoken of "Queens." The whole business was gravely investigated by a right worshipful quorum of justices at Reading. Much discretion and keeping of counsel was then, as now, most desirable in a midwife.

M. O. H.

(To be concluded.)

## Conference of Midwifery Inspectors.

It is proposed that the County Inspectors of Midwives should meet and hold an informal conference during the last week in April, when the Midwifery Conference is being held.

Any Inspector who would like particulars is requested to apply to Miss du Sautoy, Inspector for Somerset, 16, Elm Grove, Taunton.



## The Question of Organisation.

The question of organisation amongst midwives is one which at present is pressing itself forcibly upon the attention of working midwives who realise their defenceless position as unorganised units. The trouble goes further back even than the passing of the Midwives' Act in 1902, for as Mrs. Lawson, President of the National Association of Midwives, pointed out recently while the Midwives' Bill was before Parliament there was "grumbling here and there," but no associated action on the part of the large body of midwives scattered throughout the country, and "all the time legislation was going forward to control them body and soul."

Incidentally this proves the danger to any section of workers of legislation put forward on their behalf unless they themselves have an organisation sufficiently strong to demand a recognition of their rights in any legislation which may be enacted, and their representation on any body created to control them.

Of course everyone recognises that legislation in the interests of the lying-in mother was an urgent necessity, and that the Midwives' Act was primarily in her interest. Through its agency midwives have been brought under control, and have become known to the local authorities, by a system of notification, and to the public through the Roll of Midwives. All this is good, as is also the fact that a uniform examination has been established, even though it is limited to "knowledge which it would be dangerous to a midwife to lack." But the Act is one for the control of midwives, not one which gives them a reasonable amount of self-government, or even representation on their governing body at all, and consequently no voice in defining their educational standards.

And on the subject of education, midwives feel keenly. They think they need higher training in order to do their work efficiently. For instance, the cases of pemphigus which occurred not long ago in the practice of a midwife in Lancashire are cited by the President of the National Association of Midwives as demonstrating the need for more thorough training. The midwife concerned had never been taught to recognise pemphigus, and four infants died before she appreciated the danger and infectious nature of the disease. Then the midwife was cited to appear before the Central Midwives' Board.

When a midwife in Lancashire is cited to appear before the Board she receives an intimation from the Local Supervising Authority that she must cease work. She is not allowed to practice pending the decision of the Central Midwives' Board. Before the time came for the midwife to appear before the Board, she had died of heart-break.

Other points put forward by the President of the National Association of Midwives, which press hardly upon midwives are that midwives cited to appear before the Board from the provinces are too poor to defray the expense of a journey to London. Any criminal can, she says, be conveyed free of expense, to the place where he is to be tried, in

Black Maria. When a judicial body is sitting in judgment, it takes into consideration the defendant's appearance, and the points he or she is able to put forward on her own behalf. Persons are condemned more often in their absence than if they are able to defend themselves.

The Association also considers that all books which they are required to keep, and all notification forms which they are compelled to send in, should be supplied by the Local Supervising Authority.

The National Association of Midwives recognises that there is one means by which their views can be represented, and their interests voiced, and that is by direct representation on the Central Midwives' Board, and on this they are concentrating their energies.

Mrs. Lawson says that she attended the first meeting in London on the question of direct representation, and it is a standing joke in Manchester that the Chairman on that occasion described the demand as "a wild cat scheme."

They had been told that a doctor could represent midwives on the Central Midwives' Board better than a midwife. She denied that. A doctor did not know where the shoe pinched. A poor doctor might have the same class of patient as the midwife, but he did not sit on the Midwives' Board.

The late Dr. Stanley Atkinson believed that midwives should have direct representation on their Governing Body; in his opinion, their desire was not a wild cat scheme. They would like to see more enthusiasm for direct representation at the Midwives' Institute.

We entirely sympathise with the desire of the Manchester Midwives, voiced through their National Association, to obtain direct representation on the Central Midwives' Board, as we do also with their declaration that they desire no outside patronage, and realise that if they want a thing they must work for it, and pay for it themselves.

## THE MANAGEMENT OF HOMES FOR INFANTS.

The need for the supervision of homes where infants are received is apparent in Tasmania as well as in this country. In connection with the inquest touching the death of an infant which died in the General Hospital, Launceston, shortly after admission from the Glen Dhu Home, Mrs. Elizabeth Brahan, President of the Children's Protection Society, gave evidence of the admission of the child, and said that every morning the Matron of the Home telephoned to her a report of the children. Five of the children were affected by a thunderstorm, and two days later the child collapsed.

Dr. Ramsay, Superintendent of the General Hospital, said the child was admitted in a dying condition; death was due to general emaciation. The child could not get into that condition in a day or two if it were previously well. He stated most emphatically that any home where babies congregated should be in the hands of a trained nurse and under medical supervision. That was the important thing, and there was no alternative; in the hands of an untrained person the death rate was bound to go up.

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XLIV.

## Editorial.

### THE PRESTIGE OF NURSING SCHOOLS.

One of the charms of the Nursing profession is that it is a most democratic community; and we may paraphrase Napoleon's statement that the bâton of a Marshal of France may be hidden in the knapsack of every soldier, and say that the Matron's wand of office may be concealed in every probationer's kit-bag. There could be no greater incentive to a nurse than to feel that, provided she possesses the necessary qualifications, combined with devotion to duty, there is nothing to prevent her from rising to the highest position in her profession, with the reservation that the larger nursing schools train many pupils annually and that only one, in a long series of years, can be chosen as head of the school.

Twenty years ago the number of trained nurses was much more limited than to-day, and, consequently, promotion to Matrons' posts was very much quicker. With the increase in the number of qualified nurses promotion is delayed, and the age of the women who have proved, both by personal character and administrative ability, that they have the capacity for holding the highest offices in their profession, is necessarily raised. We must frankly own that we consider the age limit of forty mentioned in the advertisement, declaring the office of Matron and Superintendent of Nursing at St. Bartholomew's Hospital vacant, a mistake—as by far the most suitable and desirable candidates might be a few years beyond this limit, and we sincerely hope that the Committee of Election will waive this proviso should it be found expedient to do so.

It is generally recognised that the Training Schools for Nurses in connection with

four of the largest Metropolitan hospitals take precedence—those of the two Royal hospitals of St. Bartholomew's and St. Thomas's, of Guy's and the London—not because the training in some of the smaller hospitals may not be equally good, but because of their ancient foundations and splendid attainments in the healing of the sick.

The Matronships of these hospitals are recognised as the blue ribands of the nursing profession, the individuality of each school has developed on distinctive lines and it has its own methods and traditions—traditions of which the nursing staff are justly proud. The system of administration varies in each of these schools, and in these days to seek a Superintendent outside the ranks of their own graduates would greatly lower their prestige, and be resented by every nurse whose work has helped to build up their first-class reputations.

It is very seldom that the Matronship of one of these large training schools is advertised as vacant—committees on more than one occasion having honoured a lady trained under their authority, and whose subsequent record as an able administrator is known to them, by inviting her to accept this honourable position.

It may be safely asserted that unless amongst the many pupils who have been trained in a leading nursing school one can be found, when a vacancy occurs, possessing the knowledge, experience, and personal attributes qualifying her to assume the position of head of the school, there is something wrong in the system of nurse training, and it behoves the Governors of the hospital with which it is connected to make searching inquiry into that system to discover the reason for its failure in efficiency.

We may waive aside any probability that

the selecting committee at St. Bartholomew's will be faced by any such difficulty. There are a number of ladies who have been trained in the hospital, and who have subsequently held positions of authority in it, who have since earned for themselves the most honourable records as Matrons of important hospitals, and who would be well qualified to continue, as Matron and Superintendent of Nursing of their Alma Mater, the sound practical teaching which has enabled them to make excellent reputations elsewhere.

### Medical Matters.

#### HOPE FOR THE VICTIMS OF NARCOTICS.

Dr. Alexander Lambert, Visiting Physician to Bellevue Hospital, New York, and Professor of Clinical Medicine at Cornell University, contributes to *Nash's Magazine* for March an interesting article on the above subject, in which he says, in part:—

From time immemorial mankind has sought substances to help celebrate his joys, or soothe his sorrows, or blunt the drudgery of his existence. Opium and alcohol have most frequently been used for these purposes. Of late years cocaine has been added to this list. Whenever these narcotics have been employed for these purposes they have often been used to excess.

When the habit of the excessive use of narcotics has once been formed, so rare indeed have been the instances of individuals successfully freeing themselves from their enslaving habit that they have been regarded as medical curiosities. In the whole broad range of the practice of medicine there is no situation more trying to patient and physician than the struggle to obliterate the craving for narcotics and to re-establish the patient in a normal mental state in which he may again face successfully the problems of existence.

Until recently this seemed all but impossible, but lately a treatment was discovered which successfully obliterated the craving for narcotics, and persons who were formerly enslaved may now have the opportunity to begin life anew without their resistless desire for narcotic indulgence.

The treatment of those addicted to narcotics has heretofore been a more or less rapid withdrawal and then a deprivation of the drug, trusting to the deprivation to cause gradually a cessation of the craving for the narcotic. But deprivation is not an obliteration of the craving.

This craving is both physical and mental, and the failure of the deprivation method has been due to the continuance of the craving in spite of the deprivation from the narcotic. Great injustice has often been done to many narcotic addicts who willingly have submitted to all the suffering of deprivation in vain hopes of relief from the irresistible craving, because after their supposed cure they have been unable to resist the ever-present desire and have relapsed. They have usually been held as morally responsible for the impelling force of their still poisoned minds and bodies. With equal justice should we consider the chronic dyspeptic a moral degenerate because of his peevish morbidness. The method of treatment should be blamed, not the unfortunate patients.

#### THE NEW TREATMENT OBLITERATES THE CRAVING.

This treatment begins at the other end and obliterates the craving for narcotics. The treatment consists of the administration of a mixture of belladonna, xanthoxylum (prickly ash), and hyoscyamus, with a proper amount of active catharsis to stimulate the action of the liver and produce rapid and thorough elimination of the narcotic. There is no sudden withdrawal of the narcotic, but enough of the narcotic is given at certain stated intervals to prevent the appearance of the uncomfortable withdrawal symptoms.

The patients do not suffer beyond a bearable discomfort, and the obliteration of the craving is not a matter of weeks and months, but is accomplished in less than five days. This result is often so dramatic that one hesitates to believe it possible. It seems too good to be true.

This method of treatment was perfected and used for a number of years by Mr. Charles B. Towns, of New York, who gave it to me to use and convince myself of its effectiveness, and then publish it to the medical profession. I have used it in the wards of Bellevue Hospital, New York, and published it as soon as my experience with it justified me. The exact physiologic action of the belladonna mixture is not clear, but that it does obliterate the craving for morphine, cocaine, and alcohol is beyond question.

#### THE NATURE OF THE TREATMENT.

The method of treatment here spoken of is new, not because it brings into use some recently discovered drug, but it is new in making use of a heretofore unused combination of well-known drugs and using them in an entirely new way. Even after its details are known, it cannot be successfully administered in a perfunctory



tory manner, like a routine dose before or after meals. The treatment of those addicted to narcotics is most difficult, and is trying to patience and temper, and it requires trained judgment, tactful firmness, and often courage to persist in this treatment and carry it out to a successful issue. It cannot be successfully self-administered even by a physician.

Doubtless if the misery and suffering which accompany the continuance of such a habit, and the mental and physical agony which the deprivation of their narcotic causes, could be foreseen, it would be sufficient to have prevented many an unfortunate from ever beginning. But the thoughtless beginnings give an indication of what the future has in store, and the pleasure and excitement of broader and unusual experiences are so deceptive that the narcotic has its fatal grip on the individual before there is a realisation that he has gone so far and cannot recede. The causes which lead up to the morphine, cocaine, or alcohol habit in certain respects are similar.

There is nearly always the weak and unstable mental equilibrium which has been bequeathed from neurotic, alcoholic, tuberculous, or otherwise diseased parents; or a sickly, ill-nourished childhood develops into a weakly adolescence; or the pampered, unrestrained child develops into a selfish and self-indulgent man, who easily falls a victim to any narcotic which will give him temporary pleasure. Over-education for the position in life which must be occupied brings not infrequently heart-burnings and a restless disappointment, which easily leads to narcotic indulgence. Disappointments and reverses soon discourage the weak, and they turn to some narcotic for forgetfulness. The neurasthenics and those who are overworked feel that they must stimulate their flagging energies to tide over a crisis, and soon become dependent on their narcotic and continue its use long after the cause for its indulgence has ceased.

For the successful treatment of narcotic addicts, the variations seen in the different individuals must be carefully considered, and each individual treated according to his separate needs. During years of service in the alcoholic wards of Bellevue Hospital I have tried many drugs and many methods of treatment to obliterate the craving for morphine, cocaine, and alcohol, and many times failed of success. The treatment here referred to is the first I have found which successfully obliterates the cravings for narcotics. Methods should be judged like men, more by what they do than what they fail to do. It is not the failures, but the successes which count.

## Clinical Notes on Some Common Ailments.

### PNEUMONIA.

By A. KNIVETT GORDON, M.B. (Cantab.).

(Concluded from page 261.)

Another sign of danger is pallor of the face, the meaning of which is that the small vessels in the head are not getting a sufficient supply of blood—as distinguished from imperfectly aerated blood—and it is, therefore, a sign that the heart is not acting sufficiently vigorously: it points to a state of great danger, and it is always preceded by quickening of the pulse.

Owing to the fact that the organisms concerned in the production of both forms of pneumonia manufacture toxins, and that these are constantly being absorbed into the circulation and carried to all the organs of the body, we expect to find some symptoms of poisoning apart from those signs which are due to the obstruction in the lungs. Of these, the most noticeable is delirium, which in lobar pneumonia usually takes the form of active maniacal fury, and in broncho-pneumonia is of the low, muttering, incoherent type, both these being due to the effect of the toxins on the cells of the brain. Their significance from the nursing point of view is, however, very different, for while the violent delirium is not only not an unfavourable sign, but is said by some to be almost always associated with subsequent recovery, the muttering type always goes with a very severe attack, and is not infrequently the beginning of the end.

Another sign of toxæmia is diarrhœa, which often goes with either type of pneumonia, especially in children, and is due to poisoning of the nervous mechanism which controls the movements of the intestine; it is frequently accompanied by distension of the abdomen.

Hitherto we have taken both forms of the disease together, but in considering the course which they take, and the effect which they have on the patient, we shall find some rather important differences between them.

The great point about lobar pneumonia is that it is a question of "kill or cure" in a week; as a rule, the patient either dies—in about 17 per cent. of cases—or recovers completely with an undamaged lung. The temperature remains persistently high and the condition of the patient gets steadily worse until the fifth or seventh day, when the so-called crisis occurs, and the temperature falls suddenly and the symptoms quickly abate; the point, therefore, which decides the issue of the battle is whether the strength of the patient



can hold out for a week. The only exception to this occurs when the other lung becomes affected, when the crisis is postponed until this has cleared up also.

In broncho-pneumonia, on the other hand, there is no crisis, but the disease runs on until all the areas have been attacked and have cleared up, and in any given case we have no means of knowing beforehand how long this will take. Fortunately, however, the intensity of the obstruction to the passage of air through the diseased patch is not usually so great as in lobar pneumonia, nor is the strain on the circulation so severe; otherwise but few patients affected with broncho-pneumonia would recover. The disease ends gradually, and lasts as a rule for from seven days to three weeks or so, though periods both shorter and longer than these are not uncommon.

The convalescence, too, from an attack of broncho-pneumonia is much slower, and is liable to be interrupted by such complications as empyema (which is a collection of matter between the lung and the chest wall), and abscesses in various situations, and occasionally is the starting point of an attack of tuberculosis in the lung or joints. Statistically, broncho-pneumonia is more frequently fatal than lobar pneumonia; but, on the other hand, many attacks of the former are very mild. Perhaps the best way of comparing them is to say that if a patient is obviously ill the outlook is better if his pneumonia is of the lobar variety. This higher mortality of the bronchial form is partly explained by the fact that it so often occurs as a complication of some other disease, such as measles or whooping-cough, which has already diminished the patient's resistance.

The treatment of pneumonia has been described as the battlefield of therapeutics, because there is a wide difference of opinion between the various schools of teaching on the subject, the reason being that there is no drug or method of procedure which is generally believed to have the power of cutting short the disease.

On reflection, this should be fairly obvious, for we are manifestly unable to directly attack the organisms which are a cause of the disease; they are out of reach, or rather they can only be reached by drugs given in the form of vapour by inhalation, and we have no gaseous disinfectant which we can give in a strength sufficient to kill the germs without also damaging the delicate lining of the air passages; any drug, moreover, which gets into the circulating blood cannot come into contact with the organisms inside the air cells. As yet we have no anti-toxin which is capable of neutralising the products of the germs.

In pneumonia we can only work by increasing the patient's powers of resistance, and the most difficult thing of all is to know when to interfere. Here, again, the value of a trained nurse comes in, for it is obvious that any method of treatment is of much greater value if it can be applied when the indication for its use first appears.

We can help the patient in two ways—by local applications and by drugs given internally; in practice, both are usually employed together, though we employ our spare moments in quarrelling about their respective values. Of local applications there are two kinds—the ice-bag and the hot poultice or fomentation. In many cases—I do not say in all—the ice-bag is very useful indeed when applied over the affected part of the lung, and its action is to be explained, as I believe, by the effect which it has in dilating the blood vessels in the lung, so that there is an increased flow of blood to the diseased area, or, in other words, an increased supply of white blood corpuscles is sent to deal with the germs. Though this paper is not intended to deal with points of practical nursing, I may remark that when an ice-bag is used, it should be a large one, be kept constantly filled, and be bandaged firmly to the part selected by the physician; hot water bottles should at the same time be applied to the feet, and a careful watch kept on the temperature of the patient. If this falls suddenly, more hot bottles should be used, but the ice-bag should not be removed unless the physician has so directed; in any given case it is best for the nurse to ascertain his views on this point beforehand. Unless a trained nurse be in constant attendance, the use of an ice-bag is impossible.

In other cases, hot poultices or fomentations are used, the chief effect of which is to relieve pain. If these are not constantly renewed they are worse than useless.

Apart from these local applications, we have three main objects in view in our general treatment. Firstly, we want to assist the power of coughing, and this we do, as in the case of an attack of bronchitis, by the administration of such drugs as carbonate and chloride of ammonia, squills, ipecacuanha, and so on, and there can be no doubt that these drugs often have the action that we wish, and increase the force of the cough and loosen the phlegm.

Then we have to ensure that the inspired air shall contain a sufficiency of oxygen, and for this reason we must in all cases allow the patient as much fresh air as possible. Now this is the duty of the nurse, and it will usually be very difficult to carry out, for she will require much tact and firmness to persuade the relatives of the patient that the opening of a

window will not send him forthwith to his grave. It is well to remember that the prejudice is really due to the habit of the laity (especially grandmothers and mothers-in-law) of confusing freshness—i.e., the amount of oxygen in the air—with temperature. They are apt to estimate the purity of the air by the height of the thermometer! The proper method is to see that the patient is warmly covered up in bed, and then to open the window. When cyanosis occurs, oxygen may be given from the cylinder until the lips become red again.

Lastly, we have the most difficult problem of all—namely, when to assist the heart, and we cannot do better than take the analogy of a foot race to explain the problem with which we have to deal. Let us imagine that two men have to run a race, let us say on a course half a mile in length; the first man, we will say, runs off as hard as he can go from the starting point and endeavours to keep the same pace up till the finish, while the second man does not start off so quickly, but keeps some strength in reserve until he sees he is being pressed, and then puts on a spurt. Obviously, the second man will win. If the race is two miles long, the spurt has to be put on still later in the race, and the pace at the start must be slower. Now, an attack of lobar pneumonia is our half-mile course and broncho-pneumonia our two-mile stretch, and in either case, if we stimulate our patient's heart too soon, he will run himself out before the tape is reached, and the race will be lost.

When, then, shall we make him put on the pace? At any time if he becomes cyanosed, or if his pulse rate runs up suddenly, and if either of these conditions occurs the physician should be summoned without delay. Sometimes we want to stimulate if the pulse rises gradually, and this is where the value of a well-kept pulse chart comes in. There are other signs of value to be obtained from the physician's examination of the heart, but in any case the problem is a difficult one, and requires both thought and experience for its solution, especially in the case of broncho-pneumonia, where the struggle is prolonged and the end can never be in sight. The drugs most frequently used are alcohol, strychnine, and digitalis, and the nurse should remember that alcohol is a powerful drug and not a harmless beverage, and she should never give brandy except in the prescribed doses and at the appointed times. If she should become alarmed at the condition of the patient, she can do no harm by applying temporarily a sponge wrung out of hot water to the region of the heart.

Very much can be done also by judicious feeding, and here one may say that the tendency is usually to overfeed—invariably on the part of the relatives, and often, it must be confessed, by the nurse also. The nourishment should be varied, fluid, easily absorbed, and nutritious. When, as so often happens, the patient refuses food, stimulant, and medicine altogether at the hands of the relatives, the presence of a trained nurse who knows how to overcome the prejudice by tactfulness combined with skilful preparation and attractive presentation of the food, is imperatively called for.

## Progress of State Registration.

### BILL BLOCKING IN THE HOUSE OF COMMONS

In spite of the strained conditions of politics in both Houses, the friends of nurses have been actively engaged in furthering their interests in the House of Commons since the opening of the present Session, and Mr Munro Ferguson, with his supporters in all the various Parties, are now convinced that should the Nurses' Registration Bill be accorded a second reading, it would pass with inconsiderable opposition. This we gather from members on all sides of the House.

Under our present obstructive method of proceeding with legislation in the House of Commons, a method which common sense demands should be effectively reorganised, any Government Department, as, indeed, any single member, can obstruct vexatiously the most needed reform, such as the State Registration of Nurses, session after session, and already this Session the Home Office, which has absolutely nothing to do with the matter, and Lord Winterton, who had been misinformed of the present position of the question, have blocked the Bill, and raised their blocks upon reliable information being laid before them.

Last week the Local Government Board, of which Mr. John Burns is President, entered the arena of obstruction, and blocked the Bill, and this is the more to be deplored because when the Bill was before the House of Lords, no objection was made to it from this Department, and amongst the Government amendments was one providing for the representation of the Local Government Board on the Registration Council, an amendment which was agreed to by Lord Amptill. Moreover, in the Bill promoted by the Central Registration Committee, the Scottish and Irish Local Government Boards have representa-

tion on the Council, and it is provided that a past or present Matron of a Poor Law Infirmary must also have a seat upon the First Council.

No class of nurse stands to benefit more directly by the institution of a definite curriculum of training, and the one portal system of examination, than the nurses in the Poor Law Service, and for this reason no Matrons have given more loyal support to the organisation of nursing by Act of Parliament than those at the head of the Poor Law Nursing Schools, and the Fever Hospitals under the authority of the Metropolitan Asylums Board. When our Bill becomes law, as it very soon will, the profession generally will owe a deep debt of gratitude to these Matrons who have given so much time, thought, and financial support to the registration movement—a movement for better educational facilities and economic conditions for trained nurses.

As soon as it became known that the Local Government Board was blocking the Nurses' Registration Bill, an Emergency Meeting of the Matrons of the Metropolitan Poor Law Infirmarys and Fever Hospitals was held in London, and the following Resolution was passed, widely signed by Matrons within 24 hours, and forwarded to the President of the Local Government Board, with a covering letter signed by Miss E. C. Barton, Hon. Secretary of the Poor Law Infirmary Matrons' Association, and Miss L. A. Morgan, Nurse Hon. Secretary of the Fever Nurses' Association:—

#### LETTER.

To the Right Hon. John Burns, M.P., President of the Local Government Board.

SIR,—We beg respectfully to forward to you the enclosed Resolution, on behalf of Matrons working under the Local Government Board. We do so with confidence because we are aware of your sympathy with the sick poor, and your interest in the efficiency of the Nursing Service of the Department over which you preside, and we believe, therefore, that you will accede to our request to give your consideration to this question which so vitally affects every nurse and patient in Poor Law Infirmarys, and that on acquainting yourself with the facts you will withdraw your opposition to the Bill for the State Registration of Trained Nurses now before the House of Commons.

We beg to assure you that your decision to do so would be welcomed with gratitude by a very large majority of the nurses in the Poor Law Service.

We are, Sir,

Your obedient servants,

ELEANOR C. BARTON.

Hon. Secretary, Poor Law Infirmary Matrons' Association.

L. A. MORGAN.

Nurse Hon. Secretary, Fever Nurses' Association.

#### RESOLUTION.

"That this meeting of Matrons of Poor Law Infirmarys, and of Fever Hospitals under the Metropolitan Asylums Board, desires very respectfully to express the great regret which those Matrons feel that the President of the Local Government Board is opposing the progress of the Bill for the Registration of Nurses, and thereby delaying the improvements in the status and work of their nurses which the Matrons under the authority of the Local Government Board earnestly desire, and which they have worked for many years to secure. They beg to point out:—

"1. That the experience of other professions, and of other countries which have passed Nursing Bills, proves that the efficient education and discipline of the large number of women and men now engaged in nursing the sick in this country can only be effected by an Act of Parliament.

"2. That at present, there is great difficulty in persuading the best class of educated women to enter Poor Law Infirmarys for training as nurses in sufficient numbers, because of the invidious class distinction between the Certificates of great General Hospitals and those of Workhouse Infirmarys.

"3. That if all nurses were subject to the same State Examination, and awarded the same Certificate of Registration, as provided in the Bill in question, that invidious distinction would at once disappear. The excellent training of Poor Law nurses fits them to compete on equal terms with the nurses trained in any other institution.

"4. That the nurses working under the Local Government Board, and the sick poor in workhouse infirmarys, would therefore be greatly benefited by the proposed legislation.

"This meeting, therefore, most earnestly and respectfully requests the President of the Local Government Board to investigate this question, feeling confident that he would then give his invaluable assistance to the Bill for the Registration of Nurses."

#### SIGNATORIES.

Matrons and Superintendents of Nursing under the L.G.B.

G. CLARKE (Ashton-under-Lyne).

A. M. ORCHARD (Barnoldsey).

A. A. FOOTMAN (Birkenhead).

A. C. GIBSON (Birmingham).

M. A. POCGETT (Bradford).

H. PIRIE (Bristol, Eastville).

F. E. MARQUARDT (Camberwell).

C. M. WILLIAMS (Cardiff).

M. WINNILL (Carshalton).

E. C. BARTON (Chelsea).

E. M. SMITH (Chorlton).

A. W. PAGEN (Croydon).

J. F. BALLANTYNE (Fulham).

A. L. BLACKLOCK (Gateshead).

M. M. HAMPSON (St. George's, Fulham Road).

E. A. WESLEY (St. George's-in-the-East).

S. WARD (Greenwich).

L. GRIFFITH (Hackney).

A. RADCLIFFE (Hammersmith).

E. A. KIDSON (Halifax).

A. SMITH (Kingston).

E. M. BYLES (Lainbeth).  
 L. K. MASTERS (Leicester, North Evington).  
 E. A. GITTINS (Leeds).  
 J. E. NICHOLSON (Liverpool, Highfield).  
 E. STEWART (City of London).  
 R. TEMPLEMAN (Merthyr Tydfil).  
 A. F. ROCKETT (Middlesbrough).  
 E. R. GRAHAM (Mile End, Old Town).  
 E. F. DWIGHT (Nottingham, Bagthorpe).  
 F. A. FOYSTER (Portsmouth).  
 L. M. HALL (Reading).  
 I. H. COPELAND (Rochdale).  
 E. M. BRADLEY (Salford, Manchester).  
 L. BENTLEY (St. Pancras, South).  
 A. C. LAWSON (Sheffield).  
 A. A. GAHU (South Shields).  
 J. JEFFERY (Stockport).  
 A. E. BLACKWELL (Stoke-on-Trent).  
 I. KEMP (Southwark).  
 F. M. MIDDLETON (Wandsworth).  
 L. S. CLARK (West Ham).  
 A. SYERS (Wolverhampton).  
 S. A. HANNAFORD (Poplar and Stepney Sick  
 Asylum).  
 E. M. SMITH (Central London Sick Asylum,  
 Hendon).  
 C. LEIGH (Central London Sick Asylum, Cleveland  
 Street).  
*Matrons under the Metropolitan Asylums Board.*  
 E. M. BANN (Brook Hospital).  
 F. E. M. DAY (Eastern Hospital).  
 L. A. MORAN (Northern Hospital).  
 M. JONES (North-Eastern Hospital).  
 M. M. LLOYD (North-Western Hospital).  
 S. A. VILLIERS (Park Hospital).  
 F. M. AMBLER JONES (South-Eastern Hospital).  
 C. L. BURTON (South-Western Hospital).  
 E. ROSS (Western Hospital).  
 A. S. BRYSON (Gore Farm Hospital).  
 H. WACHNER (Joyce Green Hospital).

In connection with this matter, the Fever Nurses' Association held a meeting on Monday, Dr. Goodall, the President, presiding.

From the office of the Society for the State Registration of Trained Nurses, Mrs. Bedford Fenwick, the Hon. Secretary, has forwarded documents and information on the Registration question for the consideration of the Local Government Board, and has brought to the notice of the President the fact that all the influential National Associations of medical practitioners and trained nurses, which form the Central Registration Committee, have agreed to and are supporting the Bill now before the House of Commons.

The Bill provides that the General Council for the Registration of Nurses in the United Kingdom shall include three registered medical practitioners appointed by the Local Government Boards for England, Scotland, and Ireland respectively.

## Sisters.\*

By Miss A. BUTLER,

*Matron of Sir Patrick Dun's Hospital, Dublin.*

When I was told I was expected to read a paper this evening on the subject of Sisters, it was not made clear to me if I was to give a detailed account of Sisters' duties, or a description of Sisters I have known, or Sisters I would like to know. If, therefore, my short paper does not give what is expected or desired, I must ask you to forgive me.

I regret to say my personal experience of Sisters—with one or two exceptions—has been disappointing. Possibly this may have been due to some fault of mine, or I may have expected too much. I do not know, but the sad fact remains.

We all complain of the difficulty of getting good probationers for training, and it is without doubt a very great difficulty; but I cannot help feeling that if we were more fortunate in our choice of Sisters we would have much better results even from the very faulty material we have to work upon.

Only a few women who aspire to the position of Sister at all realise the enormous amount of responsibility such a position involves, not only with regard to the care of their patients and general arranging of their wards, but with regard to their influence over the nurses working under them. Undoubtedly the whole professional future of every nurse is more or less influenced for good or evil by the Sisters she works under. To the earnest worker, who finds herself in such a position of responsibility, the burden must at times seem almost too great; but it is the women who take up a Sister's work in this spirit, fully realising all it means, who are most likely to do it well. The duties of a Sister are of necessity so various that she needs quite a long list of qualifications to fit her for the post.

A thorough knowledge of nursing is only one of many qualifications needed, for, however good a nurse a woman may be herself, she may be utterly unfit to teach others or to govern large wards.

To make a successful head of a ward requires much the same qualities as are needed for the good head of any household. The same constant thought for others, method in arrangement of work, forethought to meet expected incidents, and cheerful readiness to bear the unexpected and make the best of things. Then there must be the ready tact and sweet temper

\*A paper read at a meeting of the Irish Matrons' Association.



to smooth away the friction that is almost unavoidable between even the best workers, unflinching courtesy to visitors, though they may come at most inopportune moments. These are but a few of the qualities indispensable to a good Ward Sister.

One of the most important of a Sister's duties is the training of her probationers, and, strange to say, it is the part of their work Sisters most often fail in. Many are most capable women in every other respect. Their wards are well ordered, their patients excellently nursed, doctors' orders intelligently and well carried out; but the poor "pro." the success of whose future career depends on the teaching and training she receives, is left to pick up knowledge as best she can. She is told to do things she has never been shown how to do, and scolded if she does them badly; and if she dares to ask for information, she is probably snubbed and made to feel such a fool she wishes she had never spoken.

Often when I have spoken about teaching the nurses, I have been told: "Oh, the patients need so much attention, and they must come first, there is no time to teach." Granted, the patients do need, and ought to receive, first and best care, but are not their very needs the golden opportunity for teaching nurses? Every attention to a patient can be made an object lesson to the nurses by the careful teacher, and where can a nurse be taught practical work so well as in the wards? The busiest wards I have worked in were the wards where I received most teaching—such teaching as I can never forget, and teaching that I wish I could obtain for my nurses now. If a woman has not got the ability of imparting knowledge, and the sympathy that enables her to get at the best that is in her pupils, she had better take up any work rather than that of a Sister, no matter how capable she may be in other respects.

Women with great strength of character combined with a sweet and tender nature, with the wide sympathy that makes them quick to perceive the needs of others, high principled, trustworthy, earnest workers in everything they undertake to do, these are the women suited to guide others; these are the women we need at the head of our wards. When we can give our probationers into the care of such women, we may indeed feel we have done the best that can be done to make them good nurses and useful women, but until we can give them the best, do not let us lay all the blame of failure on the probationers.

Those whose duty it is to teach probationers need, besides special aptitude for imparting knowledge, instruction in the art of teaching. Such instruction is seldom given to them.

### In Memoriam.

The League of St. Bartholomew's Hospital Nurses is taking the initiative concerning an appropriate Memorial to their late Matron and President, and will consider the matter in Executive Committee this week. Later the members will consult with others, as they realise how dear she was to nurses and friends far and wide.

From Miss Annie W. Goodrich, President of the American Federation of Nurses, comes an expression of "sincere and intense sympathy." She writes: "It is with much sorrow that I have heard of the termination of Miss Stewart's work; her loss must at this moment seem to you irreparable, for it does to me: but I cannot fail to appreciate, after having watched her last summer, that she herself would rejoice that she was allowed to continue her work to the end—a true patriot's life and death."

From Miss L. L. Dock, the Hon. Secretary of the International Council of Nurses, the following touching little letter has been received:—

I cannot express my grief over the death of Miss Stewart. And yet the sad news was not unexpected. Last summer, and especially the evening of the Reception at Bart's, in the midst of the beautiful scene where she radiated hospitality and genial friendliness, I wondered how long we should have her, and felt a mournful intuition that we from this side might never see her again.

Dear Miss Stewart! So full of joy and purpose in life; so staunch and true, so big hearted and brave! We can ill afford to lose her. The memory of her will always be an inspiration. My deepest sympathies are for you, her comrades, who are so bereft in your work and in your councils.

The *Lancet* of April 2nd publishes the following appreciation of Miss Isla Stewart:—

May Florence be allowed to lay its little *immortelle* on the grave of this true "Sister of Mercy"? When just three years ago, at the instance of the Governing Body of St. Bartholomew's, she came to the City of Flowers for a brief respite from work, she received not only from the profession but from the well-informed lay public, Italian as well as British, the welcome due to her honourable record in hospital administration and philanthropic endeavour. All who had the opportunity of meeting her were speedily impressed by her force of character, her centripetal insight into detail, and her appreciation of the dominating factor, her catholic sympathies, her *sagacité de cœur*. No experience, particularly in her own *métier*, was thrown away upon her, and the hints and suggestions she made in her survey of the local hospitals were treasured all the more that there was some hope of her early return to the city, where she might

have witnessed how loyally and intelligently her advice had been utilised. But *dis aliter risum*. Florence was destined never to see her again, and now, to the regrets which follow her, can but add the expression of its own:—

"Va-te-ne in pace, alma santa e bella."

## The £100 Registration Fund.

	£	s.	d.
Brought forward ... ..	71	8	2
<i>Sent in memory of the faithful services to the Registration Cause of Miss Isla Stewart.</i>			
Miss Winnill ... ..	1	0	0
<hr/>			
The Royal South Hants Hospital Nurses' League ... ..	2	0	0
Mrs. Andrews ... ..	1	1	0
Miss Margaret Jones ... ..	10	6	

### COLLECTING CARD

<i>Name of Collector, Miss E. M. Dickson.</i>			
M. A. Steil ... ..	2	0	
E. M. D. ... ..	1	0	
Mrs. Whinney ... ..	1	0	
Mrs. P. W. Tolhurst ... ..	1	0	
Mrs. Veeners ... ..	1	0	
Nurse Finnis ... ..	1	0	
Mrs. Bremner ... ..	1	0	
Mrs. Flood ... ..	1	0	
O. S. M. ... ..	1	0	
<hr/>			
	10	0	
Total ... ..	£79	9	8

## Practical Points.

**Special Crockery for Infectious Cases.** A useful practice adopted at Guy's Hospital in relation to the crockery used by enteric patients and other infectious cases is that a broad band of red paint, or a broad red cross, is painted upon it. Not only are plates and cups and saucers treated by this method but also all the ward crockery, such as bed-pans, etc. Crockery so marked is readily identified, and its use restricted.

**Cotton Blankets.** At St. Bartholomew's Hospital "cotton blankets" are used for enteric and other cases where frequent sterilisation is necessary, and we understand that they are found quite satisfactory, and as they are cheap, costing about half-a-crown each, they can be renewed more frequently than a more expensive kind. It is found that woollen goods, including blankets and flannel and domette bandages, are apt to perish when sterilised, owing to the freeing of some acid in the woollen material; also that blankets treated with disinfectants, or which are exposed to great heat when wet, rot wherever a wet patch occurs.

## Appointments.

### LADY SUPERINTENDENT.

**Charitable Institution, Belfast.**—Miss Fanny Sheldon has been appointed Lady Superintendent. She was trained at the Brownlow Hill Infirmary, Liverpool, and also received training in district nursing in Haggerston. She has worked as a Queen's Nurse in Reading, Huntingdon, and Londonderry, and in January, 1902, was appointed to the position she at present holds of Nurse-Matron at the Foyle Hill Hospital, Londonderry.

### MATRON.

**District Nurses' Home, Southampton.**—Miss C. M. Coaling has been appointed Superintendent of the District Nurses' Home, Southampton, in affiliation with Queen Victoria's Jubilee Institute. She was trained at the Workhouse Infirmary, Birmingham, where she has held the position of Sister, and has also had experience in mental nursing at the City Asylum, Birmingham, and in infectious nursing at the Isolation Hospital, Great Yarmouth. She has worked as a Queen's Nurse at Michinhampton, and as Assistant Superintendent of the District Nursing Association, Cheltenham.

**Rutson Hospital, North Allerton.**—Miss Marion Thomas has been appointed Matron of the Rutson Hospital, and Nursing Association, North Allerton, Yorks. She was trained at the London Hospital, E., where she has held the position of Matron's Assistant.

**Grosvenor Hospital for Women, Vincent Square, S.W.**—Miss J. C. Witchell has been appointed Matron. She was trained at the London Hospital, E., and has held the positions of Sister at the Sussex County Hospital, Brighton, and Queen Charlotte's Hospital, London, and of Matron of the Cottage Hospital, Abingdon.

**Victoria District Hospital, Richmond, Yorkshire.**—Miss A. C. Rastall has been appointed Matron of the Victoria District Hospital, Richmond, Yorkshire. She was trained at the Sheffield Royal Hospital, where she has since held the posts of Sister of the Out-patient Department, Sister of a men's surgical ward, and Sister of the Operating Theatre. She has also done Night Sister's holiday duty.

### ASSISTANT MATRON.

**Cancer Hospital, Glasgow.**—Miss Janet Brodie has been appointed Assistant Matron. She was trained at the Western Infirmary, Glasgow, and has held the position of Sister at the Children's Hospital, Nottingham, and at the Royal Hospital for Sick Children, Edinburgh.

### ASSISTANT SUPERINTENDENT NURSE.

**Aston Union Infirmary, near Birmingham.**—Miss Minnie Jackson has been appointed Assistant Superintendent Nurse. She was trained at the Chorlton Union Hospitals, and has held the positions of Ward Sister, Maternity Nurse, and Senior Superintendent of Night Nurses in the same institution.

### SISTER.

**The Sanatorium, Huddersfield.**—Miss Marian Lewis Day has been appointed Sister. She was trained at Crumpsall Infirmary, Manchester, and at the Fylde Joint Hospital, near Lytham.

#### QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Miss C. M. Roy, Staff Nurse, is confirmed in her appointment, her period of provisional service having expired.

#### QUEEN VICTORIA'S JUBILEE INSTITUTE.

*Transfers and Appointments.*—Miss Gertrude Lawton, to Wakefield, as Senior from Pontypridd; Miss Mabel Griffiths, to Wakefield; Miss Lydia Birchall, to Frodingham; Miss Mary Simpson, to Birmingham, Summer Hill Road, as Senior, from Cheltenham; Miss Eugenie Widt, to Wilmslow; Miss Eliza Abel, to Gloucester, from Frodingham; Miss Florence Walker, to Brighton, from Birmingham, Summer Hill Road; Miss Mary Chisholm, to Swansea, from Carlisle; Miss Elsie Noel, to Widnes; Miss Alice Johnson, to Silvertown; Miss Fredrika Cramer, to Kettering; Miss Mary Sewell, to Birmingham, Summer Hill Road.

#### RESIGNATION

At the Annual Meeting last week, of the Coventry District Nursing Association, affiliated with the Queen Victoria's Jubilee Institute, at which Lord Leigh presided, the Committee reported with great regret the resignation of the Superintendent, Miss Munro, and that they had recorded in a Resolution the high appreciation of Miss Munro's services which the Committee entertain.

In moving the adoption of the report, Lord Leigh announced that the institution was losing the services of Miss Munro, because of her approaching marriage, and offered the congratulations of all present, congratulations with which all her friends in the nursing world will wish to be associated.

#### LEAGUE NEWS.

We are glad to learn that the latest League, formed by the nurses of the Central London Sick Asylum at Hendon Infirmary, has already enrolled upwards of 70 members who are very keen to make it a great success. With the Matron, Miss Elma Smith, as President, the new League will not fail for need of plenty of energy, and kind feeling.

The Cleveland Street Branch of the C.L.S.A. League will be inaugurated at a meeting to be held on Saturday, 9th April, upon the invitation of the Matron, Miss Charlotte Leigh.

#### IRISH NURSES' ASSOCIATION.

The Association held its monthly meeting at 86, Lower Leeson Street, Dublin, on April 2nd. There was a large attendance. The following new members were elected:—

#### ROTUNDA HOSPITAL.

Miss Stritch, Miss Jeffery, Miss Nicholl, Miss K. Watson, Miss I. Watson, and Mrs. Margaret Smyth.

#### ELPIS PRIVATE HOSPITAL.

Miss Whitford, Miss Proctor, Miss Quinn, Miss Gilbert.

#### SOCIAL FUNCTIONS.

After routine business an Amusements Committee was appointed to arrange the cycle rides and picnics to take place during the summer months, and which are always greatly appreciated by those members who are able to attend them.

A. CARSON RAE, *Secretary.*

## Nursing Echoes.



The office of Matron and Superintendent of Nursing at St. Bartholomew's is now advertised as vacant, the salary being £250 a year, with Board, Residence, Attendance, and Washing. Candidates are requested to lodge 36 copies of their application and testimonials with the Clerk to St. Bartholomew's Hospital, London, E.C., on or before May 7th.

On Tuesday the King honoured with a visit the Biarritz Nursing Home, which, it will be remembered, he founded. His Majesty, who is always appreciative of the work of trained nurses, gave great pleasure to the nursing staff by warmly congratulating them on the valuable services which they have rendered to the British colony in Biarritz.

In view of the recommendation of the Poor Law Commission that Poor Law Orders should be subjected to revision and consolidation, the President of the Local Government Board has appointed a Departmental Committee to take the work in hand. It would be well for Poor Law Matrons to inquire if Orders dealing with nursing will be revised, and if so to have a say in the matter.

The Asylums Officers' Superannuation Act, came into operation last week. The asylums authorities have been busy classifying the different officials in accordance with the provisions of the Act, and it appears that the great majority of the officers in asylums have as part of their ordinary duty the care of the insane, and therefore come under the more beneficial scale of pensions provided by the Act.

Some time ago we reported that the Nursing Service Reserve of the Navy was being organised by the commandeering of the nurses through the hospitals, instead of on the volunteer principle as is the case with the Army Reserve. Although this was denied by the lay nursing press, the system has been in force for some months, and the services of nurses are being offered by hospital committees to the Nursing Department of the Navy, although they have made no contract with their nurses to render such service.

A nurse in the Liverpool Workhouse, whose clothing caught fire while she was on night

duty in a male ward, owes her life to the promptitude of one of the patients, an old man named Edward Hudson, formerly a cab driver, thrown out of work by the introduction of motor cabs. The man jumped out of bed, and enveloped the nurse in one of his blankets. A subscription is being made by the Workhouse Committee, to give the man, whose character is quite satisfactory, a new start in life.

Councillor Margaret Ashton, of Manchester, is a thoroughly all round, practical woman, and made a very sensible speech to the nurses of the Manchester and Salford Sick Poor and Private Nursing Institution when handing them their certificates and prizes. Mrs. Lorrain Smith, one of the Hon. Secretaries, reported the new departure—the giving of four courses of lectures on social subjects. They included the problems of feeble-minded Poor Law children, the “children’s charter,” effective inspection, and infant mortality. During the autumn and spring terms 17 lectures had been given, some by Manchester medical men, which had been attended by about 60 of the nurses of the Institution, and other nurses who had applied specially for permission to attend. Twenty-three nurses came up for examination, and of these 17 obtained over 60 per cent. of marks.

Miss Margaret Ashton, in presenting the certificates, congratulated the nurses on their profession, which she had once hoped would have been her own profession. They had in their hands the sick people of the city, and they were devoting themselves to public service. She always felt about the nursing profession that there had been much false sentiment: an idea that it was a life of peculiar self-sacrifice, and that it was taken up from a religious ideal. That, she thought, was not the case. She did not believe that nurses went into the profession with the idea that it was a life of self-sacrifice. She believed it was taken up as a profession, a profession into which they could throw their whole soul, and make it their life’s interest. She did not think there was more self-sacrifice needed in the life of a nurse than in that of a doctor, a teacher, a mother, or many other professions which dealt entirely with humanity. Nurses were dealing with human lives, and, therefore, their responsibility might be greater. The power in their hands to deal with human beings at their most weak, helpless, and dependent periods was a grave trust, and there was no career higher than that of good nurses. At the same time, she condemned that sickly sort of sentiment which put

nurses apart from all other people; they were not different from other people, except that they had more opportunities than other people. It lay in their hands, when everything else had been done for them, to make nursing really the highest of all professions. They belonged to a grand profession, and it was for them to uphold it in its highest sense. It was theirs to make their profession not only beloved of themselves, but beloved of those with whom they came in contact, by the force of their own character and by the beauty of their own lives.

We are now quite used to the little “tweenie” in the suburbs masquerading in nurse’s uniform when she wheels the family twins in public places, but it remains for a Liverpool nurse to report that when she recently entered one of the largest drapery establishments in the city, she found the young lady who served at the perfumery counter clad in the orthodox uniform of the hospital sister. She asks why should not our uniform be sacred to the nursing profession? We reply because there is no nursing profession, and until an Act of Parliament secures to nurses legal status they have no more distinctive standing in the body politic than a “tweenie” maid! The chaotic condition of nursing and the helpless position of nurses is the fault of those trained nurses who are too apathetic to co-operate to organise their own work, and thus acquire the power to prevent themselves being exploited on all sides as they are at present.

The Annual Meeting of the Royal City of Dublin Hospital was held on March 31st in the hospital. The Earl of Pembroke, G.C.V.O., one of the Vice-Patrons, presided. There was a large attendance of both ladies and gentlemen. The report of the Directors states that there was an increase of patients in all the external departments, but a decrease in the intern owing to the closing of some of the wards for structural alterations. The year closed with a debit balance of £1,716 14s. 1d. The Chairman in the course of his remarks said that he was very glad to see present Miss Helen Shuter, their late Matron. He could only express his regret that they had lost her services. He also gave a hearty welcome to her successor, Miss Edith Eddison.

As we go to press, a concert which promises to be a great success, is being held in Dublin in support of Lady Dudley’s Nursing Scheme. It is one of three, organised by Lord Shaftesbury for this excellent object, the others taking place in Belfast and Cork. Lord Shaftesbury



will himself sing several songs, and Lady Maud Warrender, and Lady Speyer will also take part in the programme. The funds of the Scheme are at present not sufficient to allow of any extension of the work, greatly as this is needed, and the Committee are faced with the possibility, unless the annual income is considerably increased, of a curtailment becoming necessary, so we hope a substantial sum will be added to the Fund by these concerts.

Mr. Morton (Sutherland, Min.), in the House of Commons on Tuesday, questioned the President of the Local Government Board as to the circumstances connected with the bathing fatalities at the Hemel Hempstead Workhouse in October. Mr. Burns stated that the circumstances were most carefully investigated by the officers of his Department, and also received his close personal attention. The conclusions arrived at were indicated in the letters addressed to the Hemel Hempstead Guardians, and the Workhouse Nursing Association in December, and he saw no reason to depart from them. No advantage, in his opinion, would result from further enquiry. He did not think, in justice to Nurse Bellamy, that her friends were well advised in pressing for a reconsideration of her case.

The trouble goes deeper than is indicated by any single case, and is one more instance of the need for the maintenance of a definite standard of nursing education under State authority. Guardians could then have a guarantee that the nurses whom they engage are efficiently educated for their responsible duties, which would render such tragedies as the Hemel Hempstead one almost impossible. The Local Government Board is responsible for the care of thousands of sick persons throughout the kingdom, and so has a greater interest in the maintenance of efficient standards of nursing education than any other Government Department.

At the Annual Meeting of St. George's Hospital Nursing Association, Bombay, last month, at which Sir Walter Hughes presided, a report on the nursing in the wards by Lieut.-Colonel M. A. T. Collie, M.B., I.M.S., the Physician in charge of the hospital, was presented, and in expressing their satisfaction at the efficiency of the work done by the hospital and private nursing staffs during the year, the Committee recorded their appreciation of the services rendered by Miss Mill, the Lady Superintendent, and Miss Walters, the Assistant Lady Superintendent, to whose energy and zeal in the welfare and progress of the Institution this efficiency is mainly due. They also report a considerable improvement in the health of the nursing staff during the year.

## Reflections.

### FROM A BOARD ROOM MIRROR.

The Duke of Northumberland, President of the Royal Sanitary Institute, will preside at the annual dinner to be held in the Langham Hotel on May 25th. Among others who will be present are Sir Thomas Barlow, Sir William Selby Church, Sir John Cockburn, and Mr. Henry T. Butlin.

The tablet which has been placed over the bed at the Seamen's Hospital, Greenwich, endowed by the Emperor of Japan, will be unveiled by the Japanese Ambassador on Wednesday, April 13th. His Grace the Duke of Marlborough has promised to attend in order to receive his Excellency.

The long-standing controversy over the disposition of the sum of £100,000 left by Mr. Benjamin Weir for a Cottage Hospital for the Streatham neighbourhood, culminated in an appeal by the Wandsworth Corporation against an order of the Charity Commissioners, under which a considerable portion of the endowment is allocated to Bolingbroke Hospital at Battersea. The matter was argued before Mr. Justice Eve in the High Court of Justice last week, when it was maintained that the money thus applied would confer more benefit on Streatham than any local institution.

Owing to the illness of Dr. A. J. Martin, the meeting of the Royal Sanitary Institute, at which he was to have spoken on April 6th, has been postponed.

The total amount raised this year by the Salvation Army's "self-denial" collection has been £69,034.

Grimsby Hospital was last week presented by the Working Men's Committee with a light department equipped with every apparatus for the light cure of diseases and X-ray work. The installation, which was said to be the finest in the provinces, was the gift of the Charity Gala Committee, who have already presented the institution with two new wards and large sums of money. In making the presentation the Chairman said that the Committee's next gift would take the form of a tube of radium to enable the surgeons to battle successfully with the scourge of cancer.

The programme of the Eighth Quinquennial International Prison Congress, to be held in Washington next October, is divided into four sections. Section IV. propounds questions with regard to children and young persons—special institutions are suggested for defective children displaying criminal tendencies, the condition of homeless children in large towns is mentioned for discussion, and delegates are invited to describe what measures are taken in their several countries to protect illegitimate children. Sir Evelyn Ruggles-Brise has been appointed to represent the British Government at the Congress, and members of the Scottish and Irish Prison Commissions will attend.

## Professional Review.

### THE REPORTS OF THE AMERICAN SOCIETY OF SUPERINTENDENTS AND THE AMERICAN FEDERATION OF NURSES.

A most interesting annual volume is always the Report of the American Society of Superintendents of Training Schools for Nurses, the fifteenth number of which is now issued. It has an added interest this year, as it includes for the first time the Report of the Annual Meeting of the American Federation of Nurses, in which the Nurses' Associated Alumnae of the United States is affiliated with the Superintendents' Society. It will be remembered that Miss A. W. Goodrich, R.N., Superintendent of the Training School of Bellevue and the Allied Hospitals, New York, represented the Federation at the International Congress of Nurses in London last year.

Mrs. Hampton Robb, who, as President, presided at the Fifteenth Annual Convention of the Superintendents' Society, struck the right note when she said:—"The main reason for our dropping the routine of our daily work, and travelling long distances annually, is to confer together face to face over this serious business of the making of the trained nurse. Nor can any programme that may appear in print ever wholly convey just all that these meetings, or a given subject in them, may hold for us; to understand one must read between the lines; each must bring her contribution of interest, experience, and originality, and fearlessly say what she thinks. The needs and conditions of this peculiar work demand this kind of conference, and I think at no time in the existence of Training Schools has the demand been so great as at present."

One most interesting feature of the Superintendents' meetings is always the presentation of the Reports of the various Committees. First, Miss Aline, Treasurer, presented the Financial Report, showing a substantial balance in hand. Miss M. A. Nutting, that of the Committee on Education, which, in accordance with the request of the last Annual Convention, had prepared an outline of classes in Home Nursing, suitable for the use of the Red Cross in its various branches; Miss Goodrich, Chairman of the Committee on Hospital Economics, presented its report on the Course at Teachers' College; amongst the instruction offered to students during the past year were Lectures on Poverty and Relief by Dr. Divine, on The Industrial Family by Mrs. Sinkhowitch, on Practical Economics by Professor Moore, on Public Health by Miss Lilian Wald, on Hospital Administration by Dr. Irving Fisher, and on Hospital Accounts and Book-keeping by Dr. Irving Fisher.

The Report of the Committee on Closer Union of Nursing Societies was presented by Miss Gladwin. Many of those communicated with thought it would be a good plan to try for a few years to have the annual meetings in the same place, and in the same week. The ensuing economy of time, energy, strength, and money would mean larger and more representative meetings.

A short paper on "Training School Commit-

tees" was read by Miss Erdman, who urged that such a committee is an important factor in the government of the School at the present day. She said: "As the Training School exists primarily for the comfort and welfare of the patients, it but emphasises the fact that it must be considered an institution of education for young women as nurses. Fortunate is the Superintendent, therefore, that has educators of the past or present represented on the Committee. They will be in sympathy with her efforts to provide good education and training, and will co-operate and respond readily with intelligent action in all such matters."

The expert opinions and experience embodied in these reports, and subsequently printed, are most valuable, not only to the Superintendents' Society in America, but to the nursing world at large. They also demonstrate the activity and influence of the Society.

The papers presented at the various sessions were full of practical wisdom. Thus, in the discussion in the paper on "Training for Obstetrical Nursing," presented by Miss Martha M. Russell, R.N., Superintendent of the Sloane Maternity Hospital, Mrs. Lounsberry spoke as follows:—"In West Virginia obstetrical nursing had become quite a problem. The nurses there say 'We cannot do it.' They say one case interferes with another; that while they are waiting for this one case they must let another one go. I think the thing to do is to impress upon our pupils the fact that they are business women, and they should take what comes into their hands, and as it comes. The type-writer does not turn down a letter because it is long, or because she wrote one before, or wrote sixty yesterday. A clerk waits on a tiresome customer as well as on a pleasant one. These obstetrical cases ought to be considered from a business point of view, and our likes and dislikes put entirely out of the way."

Miss Elsie M. Lawler, R.N., of the Johns Hopkins Hospital, in a paper on "The Nursing of Nervous Diseases," quotes Dr. Llewellyn Barker's opinion that the nurse should not be too immature. Many of these patients come from the educated classes, and intellectual equality, or even superiority, on the part of the nurse, if not essential, is highly desirable. So much is expected of the nurse in the teaching, apart from the actual physical care of these patients, that to achieve success she must possess or acquire a certain skill or tact for the work. She mentions that the care of the nervous patient is very taxing, and the nurse must be in good condition physically and mentally. Rest and recreation are necessary in any branch of our work, but particularly so for the nurses taking care of the mentally disturbed. We cannot be "cheerful and firm," and "fight over and over again the same fight" day after day if physically tired.

Miss Laura A. Beecroft, Superintendent of Nurses, Minnequa Hospital, Pueblo, in a paper on "Ethics to be Observed Between Training Schools," defined ethics as "the science of human duty." Other valuable papers dealt with "Nursing of Diseases of the Eye, Ear, Nose, and Throat," "Preparation for Institutional Work," and for "Private Duty."

## Our Foreign Letter.

### THE LARGEST HOSPITAL IN THE WORLD.



Vienna is one of the most attractive cities in Europe, and the Austrians are the most charming of peoples. They combine the

vivacity of the Italian with the solidarity of the German, and 'tis an excellent mixture. The very name of this gay city summons to memory delicious strains of music, the waltz music of Strauss or Gungl, played as it only can be played in the city of its birth. And who that has ever tasted Austrian coffee but will wish to repeat the delightful experience? Go into any café in Vienna and ask for a *mélange*, and there is brought to you in a tumbler a most delectable mixture—pure coffee, with a thick layer of whipped cream at the top. This, for the modest sum of forty heller, or fourpence in English money. The bread, too, how good it is! Vienna bread, as we know it in London, is but a pale copy of the original.

This city possesses a splendid and probably unique group of modern public buildings. The Town Hall, Houses of Parliament, Court Museum, and Opera House, the Emperor's Palace, the Town Theatre, and that exquisite gem of modern architecture, with its twin lace-like spires, the Votive Church, are all situated in the same quarter of the town, which they render both imposing and beautiful.

But the Imperial and Royal General Hospital does not stand amongst these princely buildings, and, except as regards size, is not at all an imposing structure. It is built in nineteen quadrangles, and has a very monastic appearance, and naturally covers a great extent of ground.

The Hospital can make up 3,000 beds, and receives about 30,000 patients annually. There are 131 wards, varying much in size.

It is not of a venerable age, but was founded by Joseph II. towards the end of the eighteenth century. This Emperor only reigned ten years, from 1780 to 1790. He seems to have been a man of very good intentions. The following prayer, ascribed to him, has been preserved:—"Lord, Thou Who alone canst read my heart, knowest right well that every act of mine has been done with a view to my subjects' welfare." And he is said to have suggested as his own epitaph:—"Here lies a monarch whose intentions were of the purest kind, but who had the misfortune to see all his undertakings ruined."

Very possibly the Kaiserliche and Königliche Krankenhaus at Vienna suffered from the outset by haste in its foundation.

From the point of view of medical science, the institution is justly renowned. At the present time probably the greatest of living aurists has his clinique here.

But many other aspects have to be considered in the arrangements of a house for the sick, and certainly when I visited this hospital some few years ago the arrangement and organisation of the vast building left much to be desired. The wards we passed through had a desolate look, and were rather dark; indeed, there was a want of both light and air, nor did we think that the sanitation of the hospital was above suspicion.

It is a usual custom for young American doctors to finish their medical and surgical education in Europe, and many of them go to Vienna for that purpose. I well remember the indignant remarks made by one or two of these students as to the treatment of patients at this hospital. While they were full of admiration for the great skill and cleverness of the Viennese doctors, they considered that some of these practitioners betrayed a terrible lack of sympathy and tender care towards the sick under their control. "Brutal," I think, was the word one of these young Americans used in this connection.

Possibly some of the faults noticeable in this hospital are due to its unwieldy size. And probably there have been many changes for the better since I was there. It may even be that the trained nurse, as we in America and England understand the term, has found her way into this, the largest hospital in the world, and has already worked wonders in it.

RAY MERTON.

[Nursing in Austria still leaves much to be desired. The President of the International Council of Nurses has it in mind, and we hope to stir up interest at Cologne in 1912.—Ed.]

## The History of the Rise of the Nursing Profession.

The only complete and authenticated history of the professional organisation of Nursing is to be found in the *Nursing Record*, and now the *BRITISH JOURNAL OF NURSING*. This file of forty-three volumes is now becoming exceedingly valuable from a historic standpoint, and every copy extant should be secured by Nursing Associations in this country.

Owing to the educational perspicuity of Miss Adelaide Nutting, there are to be found complete files of this Journal at Teachers' College, Columbia University, New York City, and in the Library of the Nursing School attached to the Johns Hopkins Hospital at Baltimore, U.S.A.

By and bye other countries affiliated to the International Council—all of which should aim at possessing a Library of International Nursing Literature—will require them, and it is to be feared they will not be procurable. A reader of the Journal is prepared to sell bound volumes, 18 in all, from 1892 to 1900, inclusive. These volumes should be secured in the hope of obtaining those published from 1888 from another source. The Editor will be pleased to hear from any Association of Nurses desirous of securing them.

## Outside the Gates.

### WOMEN.



The new Secretary of State for the Home Department has been well advised to at once put an end to the scandalous manner in which his predecessor, now Lord Gladstone, attempted to

crush out in prison the militant demand of women for their rightful status in the body politic, the Draft Rule proposed for the amelioration of prison treatment for offenders in the second and third division reads as follows:—

"In pursuance of the power conferred on me by the Prison Act, 1898, I hereby make the following rule, to be added after Rule 243 of the Rules for Local Prisons made on April 21st, 1899:—

"243a.—In the case of any offender of the second or third division whose previous character is good, and who has been convicted of, or committed to prison for, an offence not involving dishonesty, cruelty, indecency, or serious violence, the Prison Commissioners may allow such amelioration of the conditions prescribed in the foregoing rules as the Secretary of State may approve in respect of the wearing of prison clothing, bathing, hair-cutting, cleaning of cells, employment, exercise, books, and otherwise.

"Provided that no such amelioration shall be greater than that granted under the rules for offenders of the first division."

The Earl of Lytton has written to the press protesting against the official imputation of untruthfulness on the part of his sister, Lady Constance Lytton, by the Home Office, in connection with her treatment in prison as "a lady in her own right," and as poor, unknown "Jane Wharton" in the Newcastle and Liverpool gaols respectively. Lord Lytton leaves the public to form their own opinions of the justice of a Government Department which brings accusations of untruthfulness against an individual while refusing the only means by which the truth can be established. Let us hope now that a new Secretary of State has happily been installed at the Home Office we shall hear no more of the brutal ill-usage of, and assaults on, women political prisoners, which have impressed with the deepest resentment the minds of all self-respecting women, and which have brought the Home Office of late years into the greatest disrepute in our Colonies and other civilised countries.

The Rowton Houses and other lodging-houses provide comfortable lodgings for men, but women who need cheap lodgings of a similar type are but ill provided for. An experiment is about to be made in the parish of Holy Trinity, Woolwich, in which there is a large common lodging-house population, to provide such a house, which will be carried on without any desire for personal profit, under Church management, and with this object a

building, until recently used as a public-house, has been taken. The Bishop of Woolwich, in a letter to the press, says that when once fairly started it is confidently expected that the house will be self-supporting, but that to furnish the house in the simplest manner, to effect needful repairs, and to satisfy the requirements of the L.C.C., about £350 is now needed. He believes that the establishment of the house will be heartily welcomed by many struggling women who at present are compelled to live in circumstances which tend to encourage or confirm them in vicious habits.

In addition to the election of Miss Cleghorn, of Sheffield, as Vice-President of the National Union of Teachers, five women have been elected to seats on the Executive Committee.

## Book of the Week.

### AN INTERRUPTED FRIENDSHIP.\*

One takes up a new book by the author of "The Gaddy" with mingled feelings, for it abides in the memory as unutterably sad, albeit it was arresting, compelling, and the personality of Arthur—lovable, dominating, tragic, defiant—so vivid in quality, that his memory remains with us as that of a dear friend rather than of a character in fiction.

The present book begins with the funeral of the wife of the Marquis de Marteuvelles, whose death shook to its foundations the life of her husband—a middle-aged Egyptologist. "She had been a mother to him as well as a wife, had kept the strain of poverty off him, and sheltered him from all the jars and frets of domesticity; he had never known anything about her, or suspected that there was anything to know; she had been just Françoise." She had had a "desperate and unaided fight against the typhus fever which had seized on three of her children, and she had risked her own life, and protected that of her husband as a matter of course. Distinguished scholars were too precious to be allowed to run risks. He, for his part, had refrained from interference, not out of cowardice, but simply because he never interfered. He had every confidence in Françoise, and would no more have thought of questioning her judgment in practical matters than she of disputing his on a papyrus. Now, having saved one child, she had followed two others out of the world with no more exalted dying sentiments than a gentle anxiety as to whether the servants would keep the children neat and make the coffee properly when she was no longer there to attend to things herself."

The first duty which faced the Marquis was the future care of his children. Marguerite, the baby girl, had been allowed to fall downstairs during his absence at the funeral; Henri, the eldest boy, just recovering from the fever, had been sent to the funeral in thin shoes, and became again

\* By E. L. Voynich. (Hutchinson and Co., Paternoster Row, London, E.C.)



dangerously ill. So Marguerite went to the care of a maiden aunt, Henri to the Cistercian College in Avallon, and René to an uncle in England. When René returned home at the age of 18, it was to find his sister a confirmed invalid, physically crippled and mentally starved, docile outwardly, raging inwardly, in the care of the kind, well-meaning aunt. Owing to his influence she is brought home, and a strong and beautiful friendship is established between the two.

It is to meet the expense of treatment for Marguerite that René went out to South America with an exploring expedition. The story of the expedition is well written, and we are deep in it before we discover in it an episode in the life of "The Gaddy." Duprez, the commander, and Dr. Marchand—gruff, taciturn, and drowning his private grief in occasional outbursts of drinking—are both well drawn characters, but it is Felix Rivarez, interpreter, and many other things besides, who chiefly holds one's attention. His friendship with René—abruptly broken because Felix not understanding how much intuition can teach a loving woman believes his secret to have been betrayed by his friend—was a beautiful thing. If life had not dealt so unkindly with Felix, he would scarcely have believed the worst, or dealt so hardly with the man who had always been true and loyal to him, without seeking an explanation.

René's summing up of the situation is to be found in a bit of advice to one of his own boys. "If you should ever come across any one who seems to you . . . different from yourself and all the rest of us—one of the rare spirits that go through the world like stars, radiating light—try to remember that it is a great privilege to know such persons, but a dangerous thing to love them too much. The little personal joys and sorrows and affections, that are everything to us ordinary mortals, are not big enough to fill the lives of such folk, and if we set our hearts on their friendship, and think we possess it, the chances are that we are only boring them all the time. . . . They put up with us out of compassion, or because they are grateful for any service we may have been lucky enough to do them. Then, when we wear their patience right out, and it breaks down suddenly—that's bound to happen at last, because, after all, they're only human—then it's a bit late for us to start life again." P. G. Y.

#### COMING EVENTS.

April 9th.—The Infirmary, Cleveland Street, London, W. A meeting will be held at the Infirmary, by invitation of the Matron, Miss Charlotte Leigh, to inaugurate the Cleveland Street Branch of the Central London Sick Asylum Nurses' League. 4.30 p.m.

April 12th.—Guy's Hospital, S.E., Post-Graduate Lectures. "Recent Changes in Treatment in Medical Wards." By H. C. Cameron, Esq., M.D. Nurses' Home, 8 p.m.

#### WORD FOR THE WEEK.

"True friends visit us in prosperity only when invited, but in adversity they come without invitation."

## Letters to the Editor.



Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in any way hold ourselves responsible for the opinions expressed by our correspondents.

#### OUR GUINEA PRIZE.

To the Editor of the "British Journal of Nursing."

DEAR MADAM.—Very many thanks for the prize cheque of £1 ls. for my paper on "Old Sisters." I was much surprised, as well as pleased, when I found I was the successful competitor. With best wishes for the continued success of the B.J.N.

I am,

Yours faithfully,

E. M. DICKSON.

De Warren House, Northfleet, Kent.

#### NURSING SHOULD BE TAUGHT BY NURSES.

To the Editor of the "British Journal of Nursing."

DEAR MADAM.—I am very glad that Miss Burr has written about the question of nurses giving the lectures on Nursing to the women of the Voluntary Aid Detachments. I have been endeavouring to rouse people to a sense of the incongruity that forbids the lectures to be given by the expert! I laid the case before the Secretary of the Red Cross Society about ten days ago, telling him I could get nursing authorities to support my opinion. I have not yet received his answer. But if your influential paper will take the matter up I cannot help hoping that the rule may be rescinded.

I am, yours faithfully,

E. L. C. EDEN.

The Grange, Kingston, Taunton.

To the Editor of the "British Journal of Nursing."

DEAR MADAM.—In this week's issue of the BRITISH JOURNAL OF NURSING, page 258, there is a question of trained nurses giving both First Aid and Nursing Lectures for Women. In the first place I fear it would never answer, for nurses could not leave their patients for so long a time as a doctor can, and these lectures are, in very many cases, only given in the evening when patients are needing the nurse most, and most doctors have done their duties. I should think the lady in question who was taking the lectures was not interested in the subject. I have been an active member of the St. John Ambulance Brigade for over 18 years, and during that time have assisted many doctors with the classes, both First Aid and Nursing, and have never met such a lecturer as the one named. The St. John Ambulance Brigade is far from antiquated or narrow-minded, the Brigade is making very rapid strides, they are a body of men and women who are voluntary workers, and have done noble service to the public; also many hundreds of the St. John Ambulance men did noble

work in the late war, both as First Aiders and nurses, therefore showing that our noble band of doctors *did* give First Aid and also nursing lectures in a most perfect manner. Both the men and Nursing Sisters have the same lectures, and by the same lecturers. I am sure the trained nurses could not possibly give the lectures so well as our doctors, and am sure they would not have such good results from their classes. I would invite those who do not think our doctors are able to give the lectures to visit some of the open spaces on Bank Holidays, and the exhibitions, and see the work the members of the Brigade do; they would then find the results of the doctors' lectures were very good indeed.

I am sorry to trouble you with such a long letter, but could not let this matter pass without letting you know all our doctors are good lecturers.

I remain, yours truly,

ELIZABETH BRUNXING,  
Second Nursing Officer of Nursing  
Division, St. John Ambulance  
Brigade.

Beckenham, S.E.

[Our correspondent is not a trained nurse, so that her point of view is not strictly a professional one.—Ed.]

#### A GRAVE INJUSTICE.

To the Editor of the "*British Journal of Nursing*."

MADAM,—Will you allow me to call attention to a proposed grave injustice to thousands of poor women? At present, when a woman in her hour of trial is attended by a midwife, the midwife is required by Statute to summon a doctor if any complication ensues. No provision is at present made for the payment of the doctor whom the State, not the patient, insists on summoning. This is an injustice to the doctor.

Now, the Government proposes (in the Bill just introduced by Lord Wolverhampton) to require the Board of Guardians to pay the fee (as parochial relief to the woman and her husband). This is a grave injustice to these poor families. The woman and her husband are not paupers—they are not even destitute persons. Through the exercise of thrift they have made for themselves the normal provision for childbirth of their class, i.e., a midwife. The Government proposes to make them compulsorily into paupers (even if they subsequently repay the full amount it makes no difference in this respect); their homes will be visited by the Relieving Officer with his hated enquiries, often to the detriment (as any nurse or midwife will testify) of the woman's health; they will be liable to be proceeded against by the Board of Guardians, if (as is intended by Clause 17, sub-clause 2), the "relief" is given "on loan," and compelled to repay a charge which have never incurred, but which the State, in the public interest, has chosen to require.

I cannot believe that the House of Lords will choose this moment to thrust thousands of poor women involuntarily into pauperism; or that the House of Commons will think of tolerating such an injustice.

When the police call a doctor to attend to a patient in an emergency, the fee is paid out of the

municipal funds, and the patient is not thereby made a pauper. The Town Councils of Manchester and Liverpool are already, with the knowledge and consent of the Local Government Board, following a similar course with regard to the doctors called in by the midwives; and this course is open to any other sanitary authority (under section 133 of the Public Health Act). There is accordingly no need for the degrading and insulting Clause 17 of Lord Wolverhampton's Bill; and I hope that the Government will withdraw it.

I am, etc.,

BEATRICE WEBB.

(Mrs. Sidney Webb)

41, Grosvenor Road, S.W.

#### LIPS SHOULD BE SEALED.

To the Editor of the "*British Journal of Nursing*."

DEAR MADAM,—I was very much interested in your Editorial of a week ago, entitled "A Question of Honour." I have had a great deal to do with nurses in one way or another for many years. One does not like to discuss the failings of such a splendid band of women as they are, but I must say that the way many of them talk and write about their patients is unpardonable. Not only do they entertain (?) one patient with the story of the illnesses and weaknesses of others, but they write to their own people letters detailing the faults (as they consider them) of the patient whom they are nursing, and the patient's friends. One nurse said to me: "Surely one can write what one likes to one's mother." My answer was: "What would be thought of a doctor who gave his mother, or relatives, details of his patients by name?"

One cannot understand how ladies can be led into such a grave fault, but I believe the fact is that many nurses do not distinguish between the personal and the professional. One can write what one likes of personal things to mother or best beloved friend, but on professional matters lips should be sealed.

I believe nurses have only to realise this to correct a failing which is talked of a good deal among all classes of patients.

Yours sincerely,

A LOVER OF NURSES.

[We regret that pressure on our space compels us to hold over other interesting letters.—Ed.]

### Comments and Replies.

Sister E. Tompkins, North Ormesby.—We feel sure that if you call at the Policlinico Hospital, Rome, and ask for the Matron, Miss Dorothy Snell, presenting your card, she will be pleased to show you the hospital.

Miss van Lanschot Hubrecht, Holland.—"The School Child" may be obtained from the Editor, 67, Belsize Park Gardens, London, N.W., price 1s. per annum, postage extra.

### Notice.

#### OUR PUZZLE PRIZE.

Rules for competing for the Pictorial Puzzle Prize will be found on Advertisement page xii.

# The Midwife.

## The Midwives' Act, 1910.

When the Midwives Act became law on July 31st, 1902, its full coming into operation was delayed, under the provisions of the Act, until April 1st, 1910. Henceforth no woman may, habitually and for gain, attend women in childbirth otherwise than under the direction of a qualified medical practitioner, unless certified under the Act. This for the first time brings the practice of all unqualified and ignorant women under supervision, as the untrained women who were admitted to the Roll of Midwives at the passing of the Act, on the ground that they had been in *bona fide* practice for at least one year at the time, are already known to the Local Supervising Authorities and subject to inspection. Probably in another fifteen years the majority of midwives on the Roll will be those who have gained admission to it after training and examination. We may therefore hope that poor women in their confinements will receive better attention than heretofore, and that, in consequence, both the maternal and infantile death-rate will decrease, and the general level of the health of the community be raised.

The full coming into operation of the Act is marked by the introduction of an Amending Bill into Parliament by the Lord President of the Council, founded, for the most part, on the Report of the Departmental Committee appointed to consider the working of the Midwives Act, 1902, but departing from the recommendations of that Committee in one or two details. The Board is to be enlarged by the addition of four members appointed by (1) the Local Government Board, (2) the Association of Municipal Corporations, (3) the Society of Medical Officers of Health, and (4) the British Medical Association, an addition which will be welcome no doubt to the overworked Board, which is at present too small to admit of the formation of different sub-committees to deal in the first instance with the mass of work which comes before it. We regret that there should be no provision amongst the new members for one or more direct representatives of the midwives on the Roll.

But the most important point in the Bill from the midwives point of view is that for the first time provision is made that two of the members of the Board must be certified midwives—i.e., the nominees of the Incorporated Midwives' Institute and of the Royal British Nurses' Association. It will be remembered

that when the Act was passed in 1902, it contained no provision that certified midwives should have any seats upon it, either through direct representation or as the nominees of societies. When the Departmental Committee recently issued its Report, this contained a recommendation, which gave general satisfaction, that the person appointed by the Midwives' Institute should be a certified midwife. To the surprise of everyone, the Midwives Institute objected, and succeeded in securing a recommendation from the Central Midwives' Board that it should have two representatives on the Board, to be chosen without restriction. It is now demonstrated that the Lord President considers this Association of Midwives should be represented by a certified midwife, an opinion which is shared by most midwives; but it is regrettable that such representation should not have been claimed by the Midwives' Institute on their behalf.

The Departmental Committee recommended that the representation of the Royal British Nurses' Association should be discontinued. The Bill introduced by Lord Wolverhampton retains this representation, but provides that the person appointed must in future be a certified midwife, an obviously just provision, as the claim of the Association to representation rests on the fact that it includes certified midwives amongst its members, and at present its representative on the Central Midwives' Board has no such qualification.

We look forward with pleasure to seeing the representatives of these two Societies take their seats on their Governing Body on the ground that they are certified midwives.

A new provision is that every certified midwife must annually notify to the Central Midwives Board her name and address, and pay a fee of one shilling. Failure to comply with this requirement entails the penalty of removal from the Roll. The Bill empowers the Central Midwives' Board to suspend a midwife, as a disciplinary measure, to defray the expenses of a midwife required to appear before it; to supply gratis all forms and books which certified midwives are required to use. The Board is also empowered to prohibit a midwife, removed from the Roll, from attending women in childbirth in any other capacity. Failure to surrender her certificate, on removal, will render a midwife liable to a fine of five pounds.

Provision is also made for reciprocal treatment of midwives certified in other parts of His Majesty's dominions.

# Midwives in English History.

(Concluded from page 279.)

There was an interval of almost a century between the birth of Jane Seymour's last child and the next arrival in the family of the English sovereign. The old etiquette and ceremonial previously associated with such an event had been forgotten, so that Queen Anne of Denmark, wife of James I., was spared the irksome retirement of the Queen-consorts, her predecessors. There was much talk of the old customs, but it ended there. Anne's first child had been born while James was King of Scotland, and she may have preferred the Scotch ways. Her second son was born on November 19th, 1609. The King, it is said, rewarded the attendants of the Queen "with his own hand." In his accounts is an entry which runs thus:—"Item, His Majesty's self to Janet Kinlock, midwife of Her Majesty, £26 13s. 14d., punds Scot." The name suggests Janet was from beyond the Border.

At the birth of the first-born of Henrietta Maria and Charles I. a dramatic incident took place. Labour set in prematurely owing to the Queen being frightened by a dog. At the time she was at Greenwich with neither physician nor midwife in attendance. The "good old woman" who usually officiated was therefore called in by the terrified attendants, but she was so agitated and perturbed at having to minister to so exalted a patient that she swooned away and had to be carried out of the royal chamber, so adding to the general confusion. The French "sage-femme," who had been chosen by the Queen's mother to attend her had been captured en route by a privateer, who kept her in captivity till all need of her services were passed. The little premature baby only lived a few hours. The second child, Charles, was a "strong, fine babe." One of his sponsors, the Duchess of Richmond, who was renowned for her extravagant presents, gave the midwife a quantity of "massy plate."

The wife of James II., the beautiful Mary Beatrice of Modena, had the grief of losing four children in early infancy. At the birth of the fifth child there were no less than 67 persons present—"a noble mob of witnesses," including Lord Chancellor Jeffries, and several of the royal physicians.

The Queen had asked that no one should proclaim the sex of the child, "lest the pleasure on the one hand, or the disappointment on the other, should over-power her." Lady Sunderland charged the midwife to pull her dress if it were a boy; she would then touch her forehead as a token to the King that he had an heir. He, however, was so eager that he cried out, "What is it?" "What your Majesty desires," replied the nurse. A "Mrs. de Labadie" is mentioned as the nurse who carried the babe into an outer chamber for the Lords to see. She had some trouble in making her way through the crowd.

Later, all manner of malicious and foolish stories were circulated about this much bewitnessed birth. It was said that another baby had been smuggled in or substituted. The scandal became so grave,

and the doubts cast upon the maternity of the young prince so serious that an extraordinary council was convened by desire of the Queen to investigate the matter. One of the most important witnesses was naturally the Queen's midwife. Mary, wife of William of Orange, and Anne, daughters of James II. by a former marriage, when he was Duke of York, were only too anxious to disown their little brother, seeing that they were the next heirs to the throne. The shameful doubts were, however, set at rest by the courageous, consistent, and minute witness given by those present at his birth.

From this time onwards there is little mention of the Queen's midwife. The objection to men-midwives was slowly broken down, and it became the fashion to be attended by medical men, who had at last treated this branch of medicine seriously and scientifically.

One quaint story is told of a midwife, daughter of a doctor. She diagnosed a breech presentation, but longed to have it confirmed. The doctor was therefore smuggled into the room, which was in darkness. He maintained, after an examination which the patient imagined was made by the midwife, that the presentation was vertex. He was evidently less experienced than his daughter, for the course of events proved him wrong.

In reviewing the midwife in English history it cannot be said that there was any woman conspicuous for her gifts; but it must be remembered that the midwife in those days was for the most part uneducated, untrained, and somewhat grandmotherly. They were guided by rule of thumb, much like our "gamps," but there are few to deny that midwifery is essentially a profession, suitable for women, and with present-day opportunities there is no reason why they should not help to make history.

M. O. H.

## Somerset County Council.

### MIDWIVES' ACT SUB-COMMITTEE.

INSPECTOR'S REPORT FOR MARCH 1st, 1909, to  
FEBRUARY 28th, 1910.

An interesting report has been presented by Miss C. C. du Sautoy, Inspector of Midwives under the Somerset County Council, who states:—

The number of midwives who notified their intention of practising in the county during the above dates were 238; in 1908 214 notified.

	1908	1909
Trained Midwives ...	97	123
Bona-fide „ ...	117	115

#### ANALYSIS OF TRAINED MIDWIVES.

(1) Working under Committees...	74	100
(2) Working on own account ...	23	23
	1908	1909

#### (1) Working under Committees:—

(a) Under County Nursing Association ...	54	72
9 left during 1909; their places were taken by others.		
5 had no cases as Midwives.		
58 at work as Midwives, Feb., 1910.		



- (b) Under independent Committee... 20 ... 28  
10 left during the year.  
6 had no cases. -  
12 at work February, 1910.

(2) *Working on own account*—

Of these Midwives 5 had no cases; 3 had monthly cases only; 2 had over 100 cases; 1 had over 50 cases; 4 had over 20 cases; 8 had under 20 cases, totalling 23.

It will be seen from the above that only two of these Midwives could earn a living wage, and only then if they obtained an average of 10s. for each case, and had no bad debts.

*Cases attended by Trained Midwives in*

	1908	1909
Cases as Midwives	2236	2094 = 23.79 each.
Cases as Maternity Nurse	430	500 = 5.68 each.

THE BONA-FIDE MIDWIVES.

	1908	1909
(1) Midwives working on own account	116	114
(2) Midwife working under Committee	1	1
	117	115

	1908	1909
Suspended	5	2
Suspension removed	2	1
Still suspended	3	1
Unsatisfactory	67	72
(a) Old age (over 60)	54	64
(b) Dirty, etc.	9	7
(c) No suitable appliances	4	1
Given up practice	6	5
Died	1	—
Fairly satisfactory	38	37
	117	116
No work	10	8
Total at work about	107	108

*Analysis of Cases.*

1 had over 100 cases; 6 had over 50 cases; 11 had over 20 cases; 89 had under 20 cases; 8 had no cases.

The fees in most districts seem to be from 5s. to 7s. 6d.

*Cases attended by Bond-fide Midwives.*

	1908	1909
Cases as Midwife	1623	1570
Cases as Maternity Nurse	168	180

SUMMARY.

	1908	1909
Cases attended by all the Midwives	3859	3664
as Midwife	3859	3664
as Maternity Nurse	598	680
Total	4457	4344
	1908	1909

Average to each Midwife, counting monthly cases ... 24.50

Doctor sent for (1908) 397 = 10.28 per cent.; (1909) 345 = 9.41 per cent.

*Still Births*—as Midwife (1908) 130 = 3.36 per cent.; (1909) 114 = 3.13 per cent.

*Inspections paid* (1908) 470 = 2½ to each; (1909) 559 = 2.87 to each.

The births in the county during 1908 were 8667 (121 less than in 1907), and Midwives attended either as Monthly Nurses or Midwives 4457 cases. During 1909, Midwives attended 4344 cases—113 less than in 1908.

## Midwifery Training in India.

The recognition of the Cama and Allbless Hospitals, Bombay, as institutions in which pupils may be trained under the Rules of the Central Midwives' Board, now enables Indian pupils to qualify for this examination, and as the plans of the Lady Superintendent, Miss S. Grace Tindall, for raising the standard of teaching and training for the pupil nurses find ready acceptance and co-operation, the future prospects of the School are bright.

The Governor has recently obtained a gift of 7,000 rupees per annum, which will augment the amount which has hitherto had to suffice for its upkeep, and it is now proposed to award scholarships, as the result of competitive examinations, to candidates who have the necessary qualifications, but who would not otherwise be able to pay the fees for the first 18 months. It is hoped that by this means outlying stations of the Presidency will be enabled to send candidates to be trained, who will afterwards return to their homes and work for a definite salary. In this way the Presidency will be supplied with trained nurses, who are also midwives, in districts in which they have up to the present time scarcely been heard of, and where so many poor women suffer cruel mutilation at the hands of the ignorant native midwives, and frequently die from sepsis.

Another grant of 2,000 rupees has been applied by the Lady Superintendent to equipping the Nurses' Lecture Room with anatomical charts, and some beautiful French models of the different organs. A Nursing Library has also been established, containing English books for the use of the European and Eurasian pupils, and others in the vernacular for the native probationers, who largely predominate.

The Committee, who have greatly appreciated Miss Tindall's work on behalf of the School, have expressed their thanks to her in the kindest terms, and have further decided to give her a monthly bonus amounting to two-thirds of the Government salary. Such a generous acknowledgment of her work must be very cheering, for there are many difficulties and discouragements in connection with the superintendence of nursing in India.

We hope that affiliation of the Associations of Nursing Superintendents and Nurses in India with the International Council of Nurses will in the near future increase their sense of comradeship with the nurses of other nations, and we know this hope is shared by many of our colleagues in India.

# THE BRITISH JOURNAL OF NURSING

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XLIV.

## Editorial.

### THE TEACHING OF NURSING BY EXPERTS.

The question of the teaching of Nursing to the members of the Voluntary Aid Detachments of the Central Red Cross Society, under the authority of the St. John's Ambulance Association, by medical men, is arousing a great deal of interest, as will be seen by the letters already published in our correspondence columns.

When the St. John's Ambulance Association was founded in 1877 there were probably few nurses who could have lectured on the theory and practice of their own profession, for most of the nursing schools were still in their infancy, and the teaching given to probationers was, as a rule, very rudimentary. Besides which, many of the duties now performed by nurses, as a matter of course, were in those days undertaken by medical students.

But scientific medicine has developed marvellously in the last quarter of a century, and so also has nursing. The professions of medicine and nursing are analogous and interdependent, but diverse. The education of the medical practitioner does not include training in the practical details of nursing, and we claim that what a person cannot do he cannot teach. It is because the old belief dies hard that a nurse is an inferior doctor, that the doctor is taught all that the nurse is taught, and more besides, that the public consider the doctor the right person to teach nursing, whereas medicine and nursing are really distinct professions. No doubt a doctor can teach the theory underlying the practice of nursing, but should it ever happen that the enemy is at our gates, and our soldiers need first aid and nursing assistance from the Voluntary Aid Detachments in the temporary hospitals, it

will avail little if the members of these Detachments have learnt only the theory of nursing, and not the practical methods of making the sick and wounded comfortable.

Thirty years ago the general practitioner learnt by experience, if not in hospital, some of the art of nursing, for he frequently had to nurse his patients, as best he might, for lack of any trained help. To-day he relies on the assistance of nurses who have often spent almost as long in learning their special work as the doctor has in learning his, and the patient is much better cared for in consequence. Surely it is now time to acknowledge that nursing should be taught by experts in nursing—that is, by trained nurses. Such matters as bed-making, devices for the comfort of the patient, bathing, the care of the teeth, mouth, hair and nails; the preparation and serving of food, the best methods of feeding helpless patients, the administration of medicines; the purposes of irrigation and of simple enemata, and the best methods of giving them; the application of poultices, plasters and blisters; the management of sick infants and children; the care of the surroundings of patients, their linen and crockery; the disinfection of rooms, and innumerable other details, are all matters which need a nurse to teach thoroughly, because she alone possesses the practical skill and dexterity which results from the repeated performance of these duties under trained supervision.

We do not wish to undervalue the services rendered to nursing by the profession of medicine—they are many and great; but every man to his trade. Let doctors teach theory and nurses practical nursing, and the best results will be obtained, because in each case the teacher will be an expert.

## Medical Matters.

### DEATHS RESULTING FROM THE ADMINISTRATION OF ANAESTHETICS

The Report of the Committee appointed by the Home Office to inquire into the question of deaths resulting from the administration of anaesthetics shows that there is an increasing number of deaths from this cause, and that in the opinion of experts a certain number of these deaths are due to preventable causes, though a certain proportion are inevitable whatever the care and skill with which the anaesthetic is administered. The deaths rose from 5 in 1866 to 155 in 1905, and a return furnished by coroners for the year 1908 shows that the deaths reported to them in that year under anaesthetics were 235. The Committee have no statistics to show the ratio between the number of operations performed and the number of deaths under anaesthetics. They point out also that there is an important distinction to be drawn between a death from an anaesthetic and a death under an anaesthetic. They also state that anybody may at present administer an anaesthetic, and that this unregulated state of affairs constitutes a serious menace to the public, and should be regulated by law. They summarise their more important recommendations as follows:—

(1) Every death under an anaesthetic should be reported to the coroner, who, after inquiry, should determine whether it is desirable to hold an inquest or not.

(2) In the case of every death under an anaesthetic the medical certificate of death should specify the fact, whether the anaesthetic was the actual cause of death or not.

(3) No general respirable anaesthetic should be administered by any person who is not a registered medical or dental practitioner.

(4) Registered dentists should be confined to the use of nitrous oxide gas for dental operations, and should not employ the general respirable anaesthetics of longer duration.

(5) Intra-spinal anaesthesia should be practised only by registered medical practitioners.

(6) Practical and theoretical instruction in the administration of anaesthetics should be an essential part of the medical curriculum.

(7) Such instruction in the administration of nitrous oxide gas should be an essential part of the dental curriculum.

(8) In the case of any death under an anaesthetic in a hospital or other similar public institution, there should be a scientific investigation into the actual cause of death, conducted by the authorities of the institution.

The Committee suggest the appointment of a small Standing Scientific Committee on Anaesthetics by the Home Office, as much still remains to be learnt about them and their administration.

### TYPHOID CARRIERS.

Further light has been thrown on the subject of typhoid "carriers" by the report recently submitted to the Local Government Board on the repeated occurrence of enteric fever in the Bradford rural district. The author, Dr. R. W. Johnstone, after an exhaustive investigation, traced the outbreaks to two "carriers," and it is becoming evident that public health officials will find it advisable in the future to devote a considerable part of their energies to the detection of these cases. Probably the most convincing history of a "carrier" in this country has been put on record by Dr. D. S. Davies, Medical Officer of Health for Bristol, who traced the successive outbreaks of illness which followed on the employment of a woman cook in several public institutions. Some years ago in the United States a whole series of typhoid epidemics was traced to a woman cook, who was found to be a bacillus "carrier," and who received the soubriquet of "Typhoid Mary." She was quarantined on North Brothers' Island, New York, where she has remained for the past three years under supervision. She has recently been released by the Board of Health, subject to the conditions that she does not resume her occupation of cook and that she reports herself regularly to the Board. In the same way several "carriers" have been found in the ranks of the army, and the prolonged detention of some of them in the military hospitals was the subject of recent questions in Parliament.

In view of the fact that even "carriers" themselves are usually quite unaware of their dangerous condition, it is obvious that all those engaged in the handling and preparation of foods should be required to observe such personal cleanliness as will minimise the risks.

The powerful germicidal effect of Izal on bacilli of the coli-typhoid group has been demonstrated by bacteriologists, and those whose occupation involves the touching of food would be well advised to wash their hands frequently throughout the day with Izal soap, and the same precaution may usefully be adopted by nurses in attendance on fever cases.

The whole subject of "carriers" is one of the romances of preventive medicine, and a little manual on the cure of the "carrier," written by various authorities for Messrs. Newton, Chambers and Co., Ltd., of Thorncliffe, near Sheffield, which we understand will be forwarded to nurses on receipt of a post-card, is of much interest. The danger of "carriers" is one with which all nurses should acquaint themselves, and Messrs. Newton Chambers are doing useful service in placing this manual at their disposal.

## Diseases Simulating Cystitis in the Female.

Mr. Hurry Fenwick, F.R.C.S., Senior Surgeon to the London Hospital, contributed to a recent issue of *The Clinical Journal* an interesting article on the above subject, in which he deals with that class of renal diseases which simulate inflammation of the bladder so accurately that they confuse diagnosis, discourage the patient, and depreciate the best efforts of the medical practitioner to relieve. He writes in part:—

"Do not some of us still cling to the belief that washing out the bladder is the panacea of any and every case of cystitis, and when relief is thereby obtained that our diagnosis of cystitis is confirmed? Is it not true, however, that our faith in this treatment has been sadly shaken in one or two cases by finding that months of bladder-washing has been love's labour lost, and our patient in consequence sadly recognises that we are not infallible, and that her faith in our skill is rudely shaken by the failure of a very unpleasant and often painful process?"

"Now, the fact is the cases we do not readily succeed in relieving by bladder wash are generally renal or ureteric in their origin. I would even formulate a maxim, rough and ready though it is: Curable cystitis in the female is tantamount to infection from below—by way of urethra. Obstinate cystitis is nearly always due to infection from above—by way of the ureter."

The writer mentions "three diseases of the upper urinary tract in the female which simulate cystitis, in which vesical irrigation is not only painful, but worse than useless.

"They are as follows:—

(1) *Bacillus coli communis* infection of the kidney (hæmatogenous).

(2) Tuberculosis of the kidney (hæmatogenous).

(3) Ureteritis due to uterine 'sag.'"

**HÆMATOGENOUS INFECTION OF THE KIDNEY BY THE BACILLUS COLI COMMUNIS.**

"**Definition.**—An urinary infection of varying intensity, in the milder grades of which bladder symptoms are the more prominent."

In this connection the writer says:—"We are all aware that micro-organisms pass out of the body through the kidney as through a sieve, and may induce no trouble whatever in their transit. . . . It is also a well authenticated clinical and experimental fact that when two conditions are present, viz., an unhealthy area in the kidney or ureter, and a

blood charged with a micro-organism, the inevitable result ensues in the form of irritation and disease in the *locus minoris resistentiæ*.

"Lastly, we know that because women are particularly liable to back-pressure upon the renal pelvis, either as a result of a movable kidney or from uterine pressure, they are specially prone to urinary infections of the hæmatogenous type."

"It is evident from clinical knowledge that of the three great groups of infecting septic organisms, the staphylococcus, streptococcus, and *coli* bacillus, the last-named is generally the commonest in the urinary channels; it is also, luckily, the least virulent in its action."

"There is no doubt but that the source of the *coli* is the bowel. What sets it free into the circulation is still a problem—probably some slight damage to, or erosion of, the protective epithelium."

"Perhaps a clue, which I personally cannot follow, lies in the fact that many of the cases occur in the winter months, and appear coincidentally in localities affected by epidemic influenza. Waiving the question of the exact path whereby the blood is affected, we find that when the *Bacillus coli communis* spontaneously impairs the integrity of the urinary tract of the female, it often appears as a renal pelvis—a *coli* inflammation of the mucous membrane of the renal pelvis."

### THE CLINICAL HISTORY.

"The patient has not been feeling well for a few days—complains of slackness, headache, being easily tired, or nothing very definite perhaps, but she is not quite herself. These prodromata mark the gradual increase of the *Bacilli coli* in the blood."

"She is suddenly seized with a frequent desire to empty her bladder; the act, which is repeated perhaps as often as every five or ten minutes, affords no satisfying relief, and it is accompanied by a searing pain. A slight chilliness or even a shiver is coincidentally noticed, and if the degree of the infection is severe a distinct rigor develops. Fever appears, the temperature rising to 100.5 degrees to 101 degrees F. or higher. Within an hour the urine becomes murky. It is never high-coloured. If the glass or bottle containing it is shaken and held up to the light a curious shot-silk appearance is produced in the eddies of the urine, or a light violet or smoke-like aspect. This appearance, and the fishy smell which is present is increased when the urine is stale. The urine contains pus, a little albumen, a few red cells, and bacilli of the coliform type (*Bacilli coli communis*). If the vesical strain-



not becomes marked, blood is noticed in the last few drops of the water."

The writer goes on to explain that in a few hours the patient complains of pain in one loin over the kidney, and skilful bimanual examination shows the kidney to be distinctly tender and the loin resistant; the muscles may even be rigid. In four or five days most of the symptoms subside, but the scalding remains and the urine is turbid. About the seventh day the temperature is normal, and the medical man permits the patient to get up, but perhaps before she does so the temperature rises again, and the same symptoms re-appear, the cause being that the other kidney is affected. Mr. Fenwick says "this apparent exacerbation of the disease takes place, I believe, when both kidneys have been weakened by previous ill-health."

In about three weeks the patient is fairly convalescent.

"The urine has become clear to the eye, the blood has disappeared, but there is still some scalding on urination; the *coli* are non-apparent, but they are there, and may be found microscopically together with pus cells. Any depreciation in health, any shock or severe chill, is liable to cause a return of the symptoms, either in the course of months or even years.

"This is the course of the mildest form of *coli* nephritis."

Herein lies the difference between the rule-of-thumb man and the modern man.

"The rule-of-thumb man will say at once: 'Cystitis! I will send on a nurse to wash out the bladder. Blood in the urine! I must sound for stone.' You notice there is no question raised as to the judgment of washing or sounding in acute and recent symptoms. It is merely a rule of thumb—pus, wash; blood, sound.

"Now, from my own experience I can assure you, under the conditions named, that with the sounding or vesical washing the patient will suffer unnecessary pain, the so-called cystitis will not subside, the variety of the bacteriological flora in the urine may increase, and that it may in consequence be impossible to cure that patient of persistent *coli* cystitis. I do not," says Mr. Fenwick, "blame the practitioner who acts in this way; I merely mention what is done.

"The modern man follows the routine which I have indicated in all cases of apparent cystitis. He gives urotropin, does not wash. He does not allow his patient to pass water when in the horizontal position, but gets her to empty the bladder on the commode, and

thus avoids a 'postural cystitis.' He examines the heart and notes the tonelessness of the sounds. He despatches a sample of urine to an expert bacteriologist, and for a few shillings he obtains a report as to whether there is *Bacillus coli* or *tubercle*, or any other form of microbe in the urine; and if he finds that it is probably a hematogenous infection he refrains from washing out the bladder. He has a vaccine prepared as soon as possible, and starts giving the patient small doses subcutaneously at intervals of every week or fourteen days without delay. He remembers that only in the early stages of *coli* nephritis are vaccines of any value, and therefore the sooner he can get it done the better. When the case is chronic, the vaccines may relieve the bladder pain, but it will not free the urine of *coli*. Now, as regards medicines in *coli* nephritis—and the public demand medicine—the best of all is the hexa-methylene tetramine group. They do not relieve pain, but they do certainly curtail the virulence and output of bacteria."

Severe infection is rare. When it occurs the symptoms are urgent, and if they do not subside the only chance of life is surgical interference. When incised, the indurations of the kidney may even have pus in them, which will show on cultivation the *B. coli communis*.

The relief afforded by surgical treatment is often "little short of marvellous. No medicine is of any avail in these dangerous cases of acute infections—only surgery."

## 2.—TUBERCULOSIS OF THE RENAL PELVIS.

In this disease—the second which closely simulates cystitis—"the distressing bladder symptoms start quietly—insidiously for the most part. There is an increased desire to urinate, perhaps a little difficulty, but always urethral pain during and after the act. The water is murky, not necessarily bloody. . . .

"The symptoms of vesical distress in tuberculosis, instead of decreasing in force, as in *coli* nephritis, become more marked as the weeks go by. Moreover, a few questions will usually elicit the fact that the bladder distress has been preceded or accompanied by a dull aching pain in the loin, over the kidney area, not an acute agonising pain as in *coli* nephritis; also that as the weeks go by the course of the renal pain has been intermittent—now better, now worse—but it is rare for the renal pain to be so acute in its onset as in acute *coli* nephritis."

## SUMMARY.

Summarising the two diseases, the author says:—

"There are two diseases of the renal pelvis

which irritate the vesical neck and produce symptoms which simulate cystitis, but they should be treated quite differently to true cystitis. These two diseases, the mild *coli* nephritis and mild tuberculous nephritis, affect the kidney differently.

"The *coli* have a sharp onset and a rapid initial progress; the tubercle bacillus is usually insidious, mild and quiet in its progress.

"The vesical frequency due to *coli* has a rapid onset and a rapid abatement; it is marked by recrudescences lasting days. The vesical frequency of tubercle is uniformly *progressive*, extending over years; its recrudescence may be marked by months of comparative health.

"In both diseases vesical irrigation is best avoided, and in both diseases vaccines are to be used at once—as soon as the disease shows itself. In neither should vaccines be expected or promised to cure."

### 3.—URETERITIS DUE TO UTERINE "SAG."

"The third form of trouble which simulates cystitis, and to which I wish to draw your attention, originates in the left ureter.

"It is merely a localised inflammation of a small tract of the ureter at or about the point where that channel passes under the broad ligament. Now, this localised inflammation of the ureter is the cause of severe bladder distress and pain and functional disturbance of the left kidney. It is apparently provoked by the uterus dropping down (prolapse) and dragging with it the left ureter, causing what I conceive to be a bend or kink in its channel. The irritation of the mucous membrane of this traumatised area induces nerve excitations both startling and widespread; they seem to be increased by uric acid, or oxaluric tides in the urine.

"Now, it is a fact which has long since been accepted that a stone lodged in the ureter just near the bladder evokes all the symptoms of stone in the bladder, in addition to those symptoms which arise in the kidney from ureteric obstruction. There is the same frequency of micturition, the same tenesmus, the same mental pain in juxta-vesical ureteric stone as in vesical stone.

"Similarly, tuberculous ureteritis of the juxta-vesical part of the ureter evokes the symptoms of vesical stone. It is conceivable therefore that simple ureteritis of the juxta-vesical ureter disturbs normal functions of the bladder just as cystitis would; but in addition, if the source of irritation be prolonged the ureter thickens, the kidney suffers from back-pressure, and pain in that organ necessarily ensues."

## Subconsciousness.

Dr. T. B. Hyslop, Resident Physician at the Royal Bethlem Hospital, gave a brilliant and most interesting lecture on Subconsciousness before the Child Study Society, at 90, Buckingham Palace Road, S.W., on Thursday in last week. The lecture was illustrated by lantern slides of the brain in various stages of development, the brain of a congenital idiot, sections showing the different areas, sections of the spinal canal, and so forth.

The lecturer explained that, owing to the cerebro-spinal fluid, which plays so important a part in the cerebro-spinal system, the brain really rests upon a kind of water cushion. It will be a surprise to most people that nine-tenths of the brain, probably more, consist of water.

The impression left upon one's mind by the lecture was that the brain—like Central Africa thirty years ago—contains many unexplored regions and that although the functions of certain areas are well known and defined, there are others as yet quite undeveloped, and it is quite likely that, while we are losing some of our senses, others which we do not at present possess may be developed in years to come.

He gave an interesting example of the arousing of subconsciousness in a colleague, whom he wished to wake to consult about a case. He found him asleep, with one toe exposed. As tickling this produced no impression, he applied frozen liquid air. The vocabulary which poured forth was astounding. He was sure his colleague had no idea he possessed it, but it was stored away somewhere in his subconscious mind. The people most likely to use strong language when their subconsciousness was aroused were not those who used it in the ordinary way. Ladies who had accidentally heard it, and on whom it had made an impression as something which it would be terrible for their husbands or brothers to use, might become eloquent. The worst language he had ever heard came from the lips of a nun.

The hearing of voices was the result of a disturbance of a section of the brain. A man who was crossing Westminster Bridge heard a voice saying to him, "Jump over the bridge, you silly fool," and he promptly jumped. When he was in the river he heard another voice, which said, "Swim to the shore, you silly fool." So he swam, and was brought to Bethlem.

Dr. Hyslop also said that in certain conditions of the mind sleepers awoke in a state of great terror, and attacked the nearest person. Murders were committed by persons in this condition.

### A Great Matron.

Two very appreciative obituary notices appear in *St. Bartholomew's Hospital Journal* this month of the late Matron. In one is written: "She was a great Matron. . . . Doubtless someone will worthily fill her post and carry on her work, but St. Bartholomew's Hos-

table of Miss Stewart. The portrait we reproduce has been enlarged from a group taken recently with the Sisters of the Hospital (the block of which has been courteously lent to us by the editor of *St. Bartholomew's Hospital Journal*), and taken by Messrs. Miles and Kaye, 54, Cheapside, from whom copies can be obtained. Orders for photographs of her last



MISS ISLA STEWART,  
A Great Matron.

pital will never have a Matron more loyal and broad-minded or more faithful to a high standard of duty than Isla Stewart."

No really satisfactory photograph is procur-

quiet resting-place in the cemetery at Moffat, covered by the lovely flowers sent in such profusion, can be placed with Miss Ellen Birch, House Sister, Nurses' Home, St. Bartholomew's Hospital.

### In Memoriam.

At the Meeting of the Matrons' Council of Great Britain and Ireland, to be held on April 22nd, Miss Mollett, the Hon. Secretary, will give a short valedictory address in memory of the Founder of the Council, touching on the irreparable loss sustained by the members in the death of their President.

At a meeting of the Executive Committee of the League of St. Bartholomew's Hospital Nurses, held on April 8th, it was agreed to invite representatives of nursing societies with which the late Miss Isla Stewart was associated to meet at the Hospital on Saturday afternoon, April 30th, to confer on the question of an appropriate Memorial. The President, Miss Cox-Davies, will preside.

#### THE CANADIAN NATIONAL ASSOCIATION OF TRAINED NURSES.

MY DEAR MRS. FENWICK.—I am writing to express my sympathy, and the sympathy of all Canadian nurses, not only for yourself, but for all nurses across the sea, who have known and loved the late Miss Isla Stewart, the honoured Matron of St. Bartholomew's Hospital.

In the first sad hours of grief, such an irreparable loss seems altogether appalling, but the influence of her life can never cease, and its impelling force will, we trust, bring to the great cause she loved, others who will continue the work begun by her, in accordance with her high ideals.

"They shall rest from their labours, and their works do follow them."

Yours faithfully,

MARY AGNES SNIVELY,

President, Canadian National Association of Trained Nurses.  
Toronto.

#### THE DANISH COUNCIL OF NURSES.

Mrs. Hans Koch, the Secretary of the Danish Council of Nurses, has forwarded to the President of the National Council of Nurses of Great Britain and Ireland the following letter:

DEAR MADAM,—The sad tidings of the death of Miss Isla Stewart has been received by the members of the Danish Council of Nurses with great sympathy and sincere regret.

We fully realise how much the nursing profession of Great Britain has lost in Miss Stewart, and we wish to add that we feel sure that your sisters from all over the world, who through the International Council of Nurses have had the privilege and the pleasure of learning to know Miss Isla Stewart, participate with all their heart in your loss.

We know what a beautiful and noble life hers was. May it be an example and an encouragement to us all.

In deep sympathy,  
For the Danish Council of Nurses,

HENNY TSCHERNING,

Copenhagen.

President.

### Care of the Body After Death.

#### NOTES OF AN ADDRESS DELIVERED TO THE INTERNATIONAL COUNCIL OF NURSES

By THE REV. E. F. RUSSELL,

Chaplain-General of the Guild of St. Barnabas.

#### INTRODUCTORY.

In introducing the subject, the speaker said that the question of the care of the body by no means belonged to him; his function generally ended where that of the nurse began, and, with the other friends of the dead, he was dismissed that the nurse might do her own particular work. So he could not speak as an expert. But there was an art as well as a science of nursing, and when you came to the art of nursing that concerned the mind, the morale, the character, the objects, the ideals of the nurse, with all of which things he was bound to have something to do.

He begged nurses not to lose their idealism, and related that it had been said somewhere that one day the Synthesis, and Reason, and Abstraction met and wished to confer together. They began by putting Feeling and Sentiment outside the door, but Feeling took the light with her and left them in the dark. So it would surely be found in nursing or in any department of women's work that if Sentiment were put outside the door she would take with her the light that was all important.

He then related the tale of the "Brothers of Pity" (Fratelle de la Misericordia), as told by Mrs. Ewing, that great Brotherhood who have for centuries charged themselves with the care of the sick and the dying, and especially of the friendless dead, and who are beloved without measure in Italy as the friends of the friendless, and how a small boy coming on a picture of the Brothers in his godfather's library tried to follow their example by giving honourable burial to the dead bodies of birds, and frogs, and beetles. "There you get the unspoiled instinct of a compassionate child's heart."

#### A PLEA FOR REVERENT PITY IN THE CARE OF THE DEAD.

The speaker then said:—

Some of us perhaps can remember—and we find it difficult to forget—the first time that we looked upon the face of the dead. Of course it is absolutely impossible that the poignant emotion of our first view of the dead face should remain with us; indeed it is not desirable that it should.

I always remember, and to some of you I have quoted, that little sentence of dear old Dr. John Brown's, whose name is one always to be thought of with love and veneration, who, speaking of one of the great Scotch sur-



sons, said that in him "pity had died as an emotion, but remained as a motive." I thank Dr. John Brown for that sentence. It has often stood me in good stead and been a comfort to me, and I know to many others also. We are not to think that because the emotion of pity is wanting, that, therefore, pity itself is wanting. It may remain in us as a most inspiring motive.

I would plead on behalf of those who cannot plead for themselves for your reverent pity in the handling of the dead: and my first point is this. Do not forget that you represent the nearest and dearest of that dead body that is before you when you have to deal with it. Do not forget that you have put out of the room, after a sufficient interval and as gently and kindly as you can, the nearest and dearest of the one who has died, and are left alone with their dead. Remember that they trust you to do for them what they themselves would do if they could—if they had the necessary self-command. My word to you would be this—please always deserve the confidence that people have placed in you. Never do anything that could in any way undermine that most precious confidence. That would be indeed a most serious loss.

My second point is this: we give reverence to symbols—a flag, for instance. No doubt you have noticed that when the Guard passes through the streets the people raise their hats to do homage to the colours, and it is a joy to them to do it. You know what the colours stand to represent, and how people have laid down their lives for the symbol. Now, the dead with whom I have to deal are not a symbol; they are a great reality, and represent to us the battlefield. In that body has been fought out some great life issue; there good and evil, light and darkness, have met with varying successes: sometimes the good was victorious, sometimes the evil, and you have before you the result, the fruit which has been moulded and modelled by that means. You are in the presence of the battlefield and the remains of that great and often most pathetic life struggle.

It becomes your duty to deal with that body with the utmost reverence. A piece of advice once given to a young musician was: "Play always as if you were in the presence of a master." That is to say, never jingle a piece of music on the piano, always feel that there is a master there; then play your instrument. That, I think, is an excellent rule for all kinds of arts besides music—for the art of nursing as well as other arts. Do your work as if a master were in the room, and do it in the way that he would approve.

We are carried beyond this when we come into the region of faith. Our eyes see the pathetic record of the life struggle of the body that is before us; our faith carries us deeper than that, and beyond that, and bids us recognise in that body the temple of the Holy Ghost, one whom God has redeemed, a body for whom God has done much, and has fed, indeed, with His Own most precious Body and Blood. That body through life was a member of Christ, and has about it memories of the Christ. In serving that body in life Christ bid you serve Him; surely no less should you serve Him through that body in death, and what you do for that body you do for Christ.

And that brings me in thought to the foot of the Cross. You remember how the Lord Himself died upon the Cross, and that His Blessed Mother at the foot of the Cross cared for His Body, and did for it all that needed to be done. And you will find in what Mary did for the Body of Jesus the very ideal of that which Christian nurses should do for every body that is committed to their trust and care.

Well, now, what have I to say in the matter of the practice? But very little. I have dealt rather with the principles that are all-important to the heart rather than with the actual knowledge you bring to bear in that room where the dead person lies, and I plead, first of all, that what is done should be done in silence. There are those who have ready in their minds some thoughts and words in which, and by which, they can lift up their hearts to God before they begin this sacred task of caring for the dead. Let the words be few, and only the most necessary ones.

And then, further, surely you would do all you could to make the whole aspect of the dead, and the aspect of the room in which the dead is lying, as full of peace and as helpful to the friends as it can possibly be.

All this should surely be taught where the other lessons of the nurse's life are taught, in the hospital. But it will never be taught in the hospitals so long as there are in them some such mortuaries as we know, alas, still exist. Thank God, there are many hospitals where the mortuary is all one could wish it to be. But there are hospitals in which to enter the mortuary is a positive humiliation. I will not mention the name, but I had occasion to visit a mortuary at a hospital with the friends of a dead person, and I was absolutely ashamed. We stood there in the cellar impressed with every mark of disregard and dishonour, gloomy and forbidding, and we hurried away as quickly as we could.

It would be a most admirable fruit of this gathering if those present were to take up with

resolution the work of doing their utmost to make the mortuaries of our hospitals what they really should be—places to which one can go with the friends of the dead with content, places marked with signs of honour, marked with the sign of our redemption, and with words of consolation and hope upon their walls. That would be an excellent, an admirable, fruit of our meeting this afternoon—if something could be done in some hospital where there is yet a mortuary which is not what it should be.

The substance of the very little I have said to-day is gathered up in two little lines of that great poetess, Elizabeth Barrett Browning, which I should like to leave with you, as they sum up what I wish to put before you in my plea for reverent pity in dealing with the dead. The man, most man, with tenderest human hands, Works best for man, as God in Nazareth.

## The Territorial Force Nursing Service.

At the meeting of the Executive Committee of the Territorial Force Nursing Service of the City and County of London, held at the Mansion House on April 8th, the following resolution, proposed by Lady Wyatt-Truscott, and seconded by Lady Dimsdale, in the most feeling manner, was unanimously adopted:—

"That the members of this Committee desire to express their deep regret at the loss sustained by this Committee and by No. 1 General Hospital in the death of Miss Isla Stewart."

It was decided that copies of the resolution signed by Lady Wyatt-Truscott, late Lady Mayoress, Lady Dimsdale, Vice-President, and the Lady Mayoress, Lady Knill, Chairman, should be forwarded to Lord Sandhurst, Treasurer of St. Bartholomew's Hospital, and to Miss Janet Stewart.

Lady Mackinnon, who throughout has shown the kindest interest in all that concerns the nursing staff, proposed that some steps should be taken to bring the Committee into personal touch with the members of the four Territorial Hospitals for London, and also to bring the members of those Hospitals into touch with each other. The proposal was warmly supported, and it was announced that Lady Truscott, with her usual generosity would be pleased to hold a Renuion of the members of the Committees, and the nursing staff, at her house, and it was agreed that once in six months such Renuions should be held, thus furthering the good feeling and *esprit de corps* of the Service.

## Progress of State Registration.

The news that Mr. Burns, the President of the Local Government Board, has removed his block from the Nurses' Registration Bill in the House of Commons will be received with much satisfaction by the very large majority of Matrons and nurses working under the Poor Law, and we congratulate those Matrons who last week had the good sense to promptly place their expert views on this professional question before him. The day is long since past when women can afford to stand aside when the conditions of their work and consequently their lives, are under discussion—indeed, it is their duty to form conditions which they can conscientiously accept. We sincerely hope the President of the Local Government Board will not be content with not opposing, but that he will in the future actively help trained nurses to attain their justifiable ambition—the organisation of their profession, by State Authority, for the protection of the sick. Let Mr. Burns realise that nurses are working women—and very hard-working women, too—engaged in combatting disease by every means in their power, and helping thus to build up the health of the people, and he should be in the front rank of active friends.

It is only quite recently that entirely through the initiative and determination of Mr. Burns three thoroughly qualified certificated nurses have been appointed Inspectors of Poor Law Infirmarys and Schools—the most sensible bit of Poor Law reform effected for some time.

The following Matrons unavoidably signed the registration resolution too late for presentation last week:—Miss L. A. Houston, Holborn Infirmary; Miss E. S. Owen, Stapleton Infirmary, Bristol; and Miss M. C. Treharne-Jones, Newport Infirmary, Mon. These additional signatures have been forwarded by Miss Barton to the President of the Local Government Board.

It will be seen that as we meet with opposition from employers at every turn, we cannot afford to rest on our oars for a moment. Our keen adversaries, Mr. Holland and Miss Lückes, of the London Hospital, are sparing neither time nor energy in whipping up opposition to the Nurses' Bill. This should spur us on with all the more determination, as the nurses working under anti-registration authority are just those who for economic reasons cannot help themselves, and require State protection the more.

## League News.

### GUY'S HOSPITAL PAST AND PRESENT NURSES' LEAGUE.

The eight Annual Meeting and the second Annual Dinner of the Guy's Hospital Nurses' League will be held in the Nurses' Home, on Friday, April 29th. Dinner, 7 p.m. Miss Gertrude Rogers, Matron of Leicester Infirmary, has kindly consented to take the chair at the meeting.

The sixth Annual Exhibition of the Guy's Hospital Nurses' Photographic Society will be opened on the 29th April.

The first Post-graduate Lecture arranged by the Guy's Hospital Nurses' League, was held on Tuesday, April 5th, in the Nurses' Home.

Dr. Cameron, in his opening remarks, said he had tried to imagine that the lectures were for those who had been away from the wards for a period of about five years. Recently great alterations in the treatment prescribed for gastric ulcer had been made, based on the scientific research of Prof. Pawlow, and followed up by Prof. Lenhart, whose treatment consisted of rest in bed, ice-bag to epigastrium, large doses of bis. carb. grs. xxx., iron as a tonic directed against the anæmia, and continuous spoon feeding leading up to a normal diet. Typhoid fever was another disease in which the method of treatment had undergone a complete change. The patient was allowed to sit up in bed, and a more generous diet was given, in addition to milk, cream, chocolate, puddings, and minced meats being allowed, so that he had not to fight against the terrible weakness caused by a low diet as well as the weakness from the disease itself. Cold baths were also advocated, as, in addition to lowering the temperature, they were of great value as a stimulant to the whole body.

### CENTRAL LONDON SICK ASYLUM NURSES' LEAGUE.

#### CLEVELAND STREET BRANCH.

The inaugural meeting of the Cleveland Street Branch of the Central London Sick Asylum Nurses' League was held at Cleveland Street Infirmary, on Saturday, April 9th, when the following officers were elected:—*President*, Miss Charlotte Leigh; *Hon. Treasurer*, Miss Shaw; *Hon. Secretary*, Miss M. Punchard; *Hon. Editor*, Miss Farries; *Executive Committee*, Miss R. Smith, Miss Chick, Miss E. Hill, Miss Healey, Miss France, Miss Tippell.

The Hon. Editor will be glad to receive communications of interest for publication in the League Journal, which will be issued about the end of the year.

## Metropolitan Asylums' Board.

The Metropolitan Asylums' Board on Saturday last had before them part of the Finance Committee's Report of March 8th, in which they submitted proposals made by the Hospitals' Committee to amend the consolidated salaries and wages scale in respect of the nursing staff in the Hospitals' service, together with the grounds on which such proposals are made.

These proposals were made in consequence of a letter addressed by the Medical Superintendent of the Park Hospital, Dr. Birdwood, to the Clerk of the Board, on October 16th, 1907, in which, in forwarding a list of candidates for appointment as Charge and First-Assistant Nurses, who had responded to an advertisement, he wrote:—

"Only one of the 26 applicants for charge nurse was trained in a general hospital in London, and in her case some further information is necessary before appointment. There must be something wrong somewhere to account for this boycott of the Asylums' Board by the élite of the nursing community. Something should be done to find out why women trained in the best training schools attached to the general hospitals of the Metropolitan avoid the Board's service. I think it a great disadvantage to us to be deprived of well-qualified nurses if by any action on the Board's part their services could be secured."

This letter was referred to Dr. Cuff, who submitted an important report upon it, and the Hospitals' Committee, as a result, went into the whole question of the nursing staff with a view to the improvement of the service. They received much information and some valuable suggestions from the Medical Superintendents and Matrons of the Board's Hospitals, and interviewed the Matrons of ten of the large London general hospitals, and three of the Board's hospitals, and discussed the whole subject with Dr. Cuff. In their deliberations they kept two objects in view:—

(1) How to improve the standing and character of the Board's nursing staff; and

(2) How to utilise the Board's unique position as an infectious hospital authority, to spread abroad among nurses knowledge and experience of fever nursing—a most important branch of their profession.

They therefore considered the Board's present nursing system, and the grades into which the nurses are divided, in relation to the acute hospitals, the convalescent hospitals, the small-pox hospitals, and river ambulance service.

We published a full report of the recommendations of the Hospitals' Committee in our issue of March 19th. They included:—

*The abolition of the position of Superintendent of Night Nurses*, the duties of this office to be undertaken by the Sisters in rotation for a period not exceeding twelve months, with extra remuneration at the rate of 10s. per month.

*The creation of a distinct grade of "Sister" in place of the present Charge Nurse.* The Sisters must have had full general training, and be women

of good education, and should be required, as part of their regular duties, to instruct the probationers under them. They should have greater privileges than the other grades of nurses over whom they exercise supervision, and their increased duties and responsibilities, as compared with the present General Nurses, should be marked by a higher salary.

The gradual abolition of the grade of Assistant Nurse (Class I.) and the creation of a new grade of "Staff Nurse."

Assistant Nurse (Class II.) to be replaced in the acute hospitals by "probationers," marking the corresponding grade in a general hospital.

The Board had the warm sympathy of the late Matron of St. Bartholomew's Hospital, in its efforts to effect these improvements in the status of its nurses and a provisional arrangement has been

entered into with the authorities of St. Bartholomew's Hospital, whereby a number of the Board's probationers can be received for training at that hospital at the end of their two years' probation, which will be counted as one year's work in a general hospital.

The adoption of the schedule of ward instruction and the syllabus of lectures drawn up by the Fever Nurses' Association, and the award of a certificate of proficiency in fever nursing by the Board to probationers who have satisfactorily passed through their two years' training, and passed the necessary examination.

The Hospitals Committee were of opinion that if these recommendations were adopted the nursing education of probationers in the Board's hospitals would be governed by a uniform and well-defined scheme, and the reward of those who succeed in

#### RETURN OF SALARIES OF VARIOUS GRADES OF NURSES UNDER PROPOSED SCHEME COMPARED WITH EXISTING SALARIES OF CORRESPONDING GRADES.

At Present.		Proposed.	
Office.		Office.	
Salary and Emoluments.		Salary and Emoluments.	
<b>I.—ACUTE FEVER HOSPITALS.</b>		<b>I.—ACUTE FEVER HOSPITALS.</b>	
Superintendent of Nurses (night)	£42, rising £2 to £46, with B.L.W.U.	Abolished. Duties 10s. per month to be added to to be discharged by Sisters selected in rotation.	Sister's salary while so acting.
Charge Nurse	£36, rising £1 to £40, with B.L.W.U.	Sister.	£38, rising £2 to £44, with B.L.W.U.
Assistant Nurse (Class I.)	£24, rising £1 to £28, with B.L.W.U.	Staff Nurse	£26, rising £2 to £30, with B.L.W.U.
Assistant Nurse (Class II.)	£20, rising £1 to £24, with B.L.W.U.	Probationer	£18, rising £2 to £20, with B.L.W.U.
		Assistant Nurse (Class II.) (to supplement probationers).	£20, rising £2 to £22, with B.L.W.U.
<b>II.—CONVALESCENT HOSPITALS.</b>		<b>II.—CONVALESCENT HOSPITALS.</b>	
Superintendent of Nurses (night)	£42, rising £2 to £46, with B.L.W.U.	Abolished. Duties 10s. per month to be added to to be discharged by Sisters selected in rotation.	Sister's salary while so acting.
Charge Nurse	£36, rising £1 to £40, with B.L.W.U.	Sister.	£38, rising £2 to £44, with B.L.W.U.
Assistant Nurse (Class I.)	£24, rising £1 to £28, with B.L.W.U.	Assistant Nurse (Class I.)	£24, rising £1 to £28, with B.L.W.U.
Assistant Nurse (Class II.)	£20, rising £1 to £24, with B.L.W.U.	Assistant Nurse (Class II.)	£20, rising £2 to £22, with B.L.W.U.
Nursemaid	£18, with B.L.W.U.	Nursing Attendant	£18, with B.L.W.U.
<b>III.—SMALL-POX HOSPITALS AND RIVER AMBULANCE SERVICE.</b>		<b>III.—SMALL-POX HOSPITALS AND RIVER AMBULANCE SERVICE.</b>	
Salaries include £2 additional for small-pox services granted under general regulation No. 14.		Salaries include £2 additional for small-pox services granted under general regulation No. 14.	
Superintendent of Nurses (night)	£44, rising £2 to £48, with B.L.W.U.	Abolished. Duties 10s. per month to be added to to be discharged by Sisters selected in rotation.	Sister's salary while so acting.
Charge Nurse	£38, rising £1 to £42, with B.L.W.U.	Sister.	£40, rising £2 to £46, with B.L.W.U.
Assistant Nurse (Class I.)	£26, rising £1 to £30, with B.L.W.U.	Staff Nurse	£28, rising £2 to £32, with B.L.W.U.
		Assistant Nurse (Class I.) (to supplement staff nurses)	£26, rising £1 to £30, with B.L.W.U.
Assistant Nurse (Class II.)	£22, rising £1 to £26, with B.L.W.U.	Assistant Nurse (Class II.)	£22, rising £2 to £24, with B.L.W.U.

(Signed)

W. DENNIS,

Chairman of the Hospitals Committee.



Their work would gain in value in the eyes of the nursing profession.

It is proposed that probationers should be allowed to join at the minimum age of 21. Thus they could obtain their two years' experience in infectious nursing before the age at which probationers are admitted for training to a large general hospital.

At the convalescent hospitals it is proposed to retain the grades of Assistant Nurse, as well as in connection with the small-pox hospitals and River Ambulance Service.

At the Convalescent Hospitals it is also proposed to revert to the term Nursing Attendant instead of Nursemaid, which is really a misnomer.

The approval and adoption of the Hospitals' Committee's proposals were moved from the chair by Mr. J. T. Helby, Chairman of the Board, when an amendment was moved by Mr. Luttman-Johnson to refer the recommendation back for further consideration and report. A long discussion ensued in the course of which Mr. Harold Spender supported the proposal to create the grade of Sister, and drew attention to the strain entailed by permanent night duty.

In the result the amendment was lost, and the Committee's recommendation adopted by a large majority.

We congratulate the Metropolitan Asylums' Board most cordially on their decision, which cannot fail to increase the efficiency and popularity of its Nursing Service.

## Practical Points.

### A Slow Combustion Fire.

A correspondent is recommended in the *British Medical Journal* to pack the fire-grate with pieces of coal as he would pack a child's bricks into the box, and fill the interstices with coal dust, then light a fire on the top, when he will have an ideal fire for a sick room. It will burn without attention for twelve to twenty-four hours if well laid. The writer adds: Take some pieces of coal, of a suitable size, and pack the grate with them, as closely as they will lie, having placed one layer on the bottom of the grate, fill the cracks between the coals with coal dust, then put a second layer of pieces of coal, and fill with dust as before, and so do till the grate is full to the top bar; then with paper, wood, and coal, or with a fire lighter, proceed to make a fire on the top of the filled grate, feed this with cinders or pieces of coal till it is well burning. Then the fire will burn for twelve or more hours according to the care with which the grate has been filled. My library grate is an old-fashioned hob grate; when the fire has been lighted in this manner, it has burnt from 10 one day to noon the next; of course it is not a fierce fire, and it should not be poked. The tighter the coal is packed the slower the combustion. Coke and coal dust will make a good fire, but is not so lasting.

Private nurses will be glad to know of this method of keeping a fire in through the night.

## Appointments.

### LADY SUPERINTENDENT.

**Maternity Hospital, Leeds.**—Miss E. M. Edwards has been appointed Lady Superintendent. She was trained at the County Hospital, York, and at the Glasgow Maternity Hospital, and has held the post of District Head Nurse at the Glasgow Maternity Hospital, and is at present Assistant Matron and District Superintendent at the Liverpool Maternity Hospital.

**West Kent General Hospital, Maidstone.**—Miss E. Groot has been appointed Lady Superintendent. She was trained at the Royal Infirmary, Liverpool, and had experience of private nursing in connection with its private nursing staff. She has also been Sister at the General Hospital, Northampton, and Night Superintendent, Home Sister, and Assistant Matron at the Norfolk and Norwich Hospital, Norwich.

### MATRONS.

**London Fever Hospital, N.**—Miss Fleming has been placed in the position of Matron on six months' probation. She was trained at the Hospital for Sick Children, Great Ormond Street, and has been Staff Nurse at the Children's Hospital, Bradford. She had some months' experience at the Westminster Hospital, and has been Staff Nurse, and subsequently Sister, for three years at the London Fever Hospital.

**The Hartlepool Hospital, Hartlepool.**—Miss A. Stevenson has been appointed Matron of the Hartlepool Hospital. She was trained at the Sheffield Royal Hospital, and has since been Sister of the Men's Medical Ward, and for the last two years has held the post of Night Sister. She has acted as Matron during holidays, and also taken House-keeper's duties in that institution, and on several occasions taken charge at the country annexe.

**Kettering and District General Hospital, Kettering.**—Miss F. M. Smithies has been appointed Matron. She was trained at the Bolton Infirmary, Lancashire, and has held the positions of Sister at the Cardiff Infirmary; Matron of the Cottage Hospital, Bridgend; Deputy Matron at the Royal Infirmary, Hull; Lady Superintendent of the General Hospital, Altrincham; and Matron of the Monkwearmouth Hospital.

### NURSE MATRON.

**Cottage Hospital, Malton, Yorkshire.**—Miss Frances C. Lorrimer has been appointed Nurse Matron. She was trained at the General Infirmary, Leeds, and has held the positions of Charge Nurse at the Scarborough Hospital, Sister and Night Superintendent at the Royal Infirmary, Sheffield, and Assistant Matron at the Royal Infirmary, Preston.

### ASSISTANT MATRON.

**Maternity Hospital, Leeds.**—Miss Alice L. Moore has been appointed Assistant Matron. She was trained at the Adelaide Hospital and at the Rotunda Hospital, Dublin. She has held the position of Sister at the Liverpool Lying-in Hospital, and at the Leith General Hospital, and has been Night Superintendent at the Rotunda Hospital, Dublin. She is a certified midwife.

## SISTERS.

**The Harlepool Hospital, Harlepool.**—Miss Irene R. Page has been appointed Sister in charge of the Operating Theatre. She was trained at the Shetfield Royal Hospital, and has since been Staff Nurse and has also done Sister's and Housekeeper's holiday duties in that Institution.

## NIGHT SISTER.

**Monkwearmouth and Southwick Hospital, Sunderland.**—Miss Annie St. George has been appointed Night Sister. She was trained at the Royal Infirmary, Newcastle-on-Tyne; and has held the positions of Staff Nurse at the Stamford and Rutland General Infirmary; Charge Nurse at the Workington Infirmary; and Private Nurse on the staff of the Sunderland Institute.

## QUEEN ALEXANDRA'S ROYAL NAVAL NURSING SERVICE.

Miss M. A. French has been appointed a Sister in Queen Alexandra's Royal Naval Nursing Service, on probation.

## QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Matron-in-Chief Miss C. H. Keer, R.R.C., is placed on retired pay; Principal Matron Miss E. H. Becher, R.R.C., to be Matron-in-Chief, vice Miss C. H. Keer, R.R.C.; Matron Miss E. M. McCarthy, R.R.C., to be Principal Matron, vice Miss E. H. Becher, R.R.C. (April 5th).

## QUEEN VICTORIA'S JUBILEE INSTITUTE

*Transfers and Appointments.*—Miss Caroline Coaling, as Superintendent, to Southampton; Miss Constance Eva Nicholl, to Kidderminster, St. John; Miss Gertrude Moore, to Hucknall Huthwaite; Miss Evelyn H. Fumfing, to Lincoln City; Miss Florence Dow, to Hastings.

## WEDDING BELLS.

The marriage of Miss May Beardsley, a member of the Registered Nurses' Society, to Dr. Samuel Northwood, was solemnised on Thursday, April 7, at Marylebone Parish Church. The wedding took place from 49, Beaumont Street, the residence of Miss M. E. Rowell, a former colleague of Miss Beardsley on the R.N.S.

The bride, who looked very handsome and happy, wore a gown of fine face cloth in a pastel shade of blue, inset with lace, and with touches of pink embroidery. The flowers in a becoming hat, of the same shade, were wisteria and pink roses.

The ceremony was performed by the Rev. W. H. Davies, the bride being given away by her mother. Her bridesmaid was her sister, Miss Jenny Beardsley, and Mr. Kirby, an intimate friend of the bridegroom acted as best man.

A reception was afterwards given by Miss Rowell, when the bride and bridegroom were the recipients of many good wishes, and the wedding presents, which were on view, were greatly admired. They included a salad bowl and servers from Miss Rowell, a tea service, a reversible entrée and muffin dish, fish servers, a silver toast rack, cheques, and many other gifts. The gift of the bride's mother and sister was her drawing room furniture.

Dr. and Mrs. Northwood will make their future home at 41, Woodborough Road, Mapperley, Nottingham.

## Nursing Echoes.



The eighth Annual Conference and Meeting of the Nurses' Missionary League will be held at University Hall, Gordon Square, W.C., on Saturday, April 23rd. The morning meeting will open at 10 a.m., when Miss Fairfield will give an address on "Discipleship." This will be followed by a Conference at which the chair will be

taken, and papers read, by members of the League. The question considered will be What the N.M.L. stands for, and how far it is being carried out. In the afternoon there will be a *Conversazione* from 2.30—5.30 p.m. to meet members from abroad, and Miss Lea Wilson; and the business meeting will be held at 7.30 p.m., Mr. W. McAdam Eccles, F.R.C.S., in the chair. Miss De Lasalle will then speak on "Work in the Provinces," and Mr. T. W. R. Lunt on "The World Aspect of Missions." The Closing Address will be given by the Rev. H. G. Peile, on "Knowledge of God, and the Responsibility it Entails in the Life of the Individual."

Sir Edward Wood, Chairman of the Leicester Infirmary, has been unanimously re-elected to this office for the ensuing year. The appointment will be welcomed by the nurses, for whose comfort he is always so considerate, and for whom he has done so much.

The annual report of Sir Patrick Dun's Hospital, Dublin, has just been published, and it shows the Hospital to be in a most critical position. Owing to lack of funds one of its principal wards has been closed for many years past; the Governors believe that any further reduction of beds would be out of the question, would destroy the Hospital's efficiency, and render it almost useless; but unless funds are forthcoming, there is no alternative but to close the Hospital altogether. The Governors earnestly hope that this serious state of things will be speedily recognised by the public, and that the hospital will be saved from financial disaster during the current year. The Governors are very sorry to announce the retirement of Miss Houghton last September from the position of Lady Superintendent, she having accepted a similar position in Guy's Hospital, London. They cannot speak too highly of Miss Houghton, and consider it would be impossible for anyone to have discharged the

duties of the position more efficiently than she has done during the past seven years. The vacancy has been filled by the appointment of Miss Butler, and they confidently expect that this lady will prove in every way an efficient successor to Miss Haughton.

The concerts organised last week by Lord Shaftesbury in Dublin, Belfast, and Cork, in aid of Lady Dudley's Nursing Scheme, were all most successful, and we hope a handsome sum will be available for this most excellent charity.

The Ontario Graduate Nurses' Association and The Canadian Society of Superintendents of Training Schools for Nurses will meet in Toronto on May 24th, 25th, and 26th. The graduating exercises of the Toronto General Hospital, Training School for Nurses will be held on May 27th, on which date a class of 38 will receive their certificates and badges. This will bring the total number of nurses trained in this school up to five hundred and thirty-six. Members of the above-mentioned societies will receive invitations for the garden party and graduating exercises, which will be held on May 27th in the beautiful grounds of the Toronto General Hospital.

Miss Rebecca H. McNeill, R.N., writing in the *American Journal of Nursing* on "The Ideal Nurse," says: My ideal is one who has not been hardened by the scenes of suffering through which she has passed. No true nurse ever loses her sympathy, though she must cultivate the art of controlling it; she has the deep sympathy which causes her not only to feel for her patient's woes, but prompts her best efforts to alleviate them. She has the spirit of a surgeon in one of our large cities, who knelt for hours by the mangled form of a poor boy, exerting all his energy and skill to save his life. The child, surprised at meeting such kindness, looked up and said: 'Doctor, why are you trying so hard to save my life when you know that you will never get a cent for it?' The good man replied, 'Child, I would rather be the instrument in God's hand of saving life than be the President.'

The annual report of the Visiting Nurse Association of Chicago (this year the twentieth) is always most interesting, and the value of the work done by the nurses is widely appreciated. Mr. J. W. Mack, Judge in the Juvenile Court, writes of it: "I do not know what we should

do in Chicago without the Visiting Nurses. Their influence extends far beyond the mere duties of a nurse. They are among the most powerful of the uplifting forces that are now doing so much for our city. It has been a great pleasure to me to have them enrolled as probation officers. Their work brings them in touch with conditions that demand immediate betterment, and the Juvenile Court owes much to them. No organisation needs greater support from the citizens of Chicago. The Visiting Nurse Staff numbers forty-one members, all of whom are graduates of the leading hospital training schools, and are qualified to practice nursing under the law of the State of Illinois, besides which there are forty Public School nurses working under the Department of Health the large majority of whom are registered nurses, and an Office Staff of five.

The Secretary, Miss Eleanor F. Tenney, in her report on behalf of the Directors, writes: "For the twentieth time they would say to you 'All's well.' . . . We believe that you may rest assured that your Association is well abreast of the times and its aims and methods. The nurses' work, as much as anyone's, is making such popular words as conservation, co-operation, social betterment, efficiency, prevention" into a living dictionary. The Association now nurses for the Metropolitan Life Insurance Company, which pays for all cases attended, and their proportion of administration expenses.

Miss Harriet Fulmer, R.N., the Superintendent of Nurses, and Morse Memorial Nurse, in her report of the Nurses' Work for 1909, writes:—"We are all imbued with a righteous discontent, and 'Prevention' is our war-cry. We have made obvious and telling strides forward in the strengthening of our own ranks. Just why any woman wishes to leave her comfortable practice to come into district work at a small salary, expose herself to contagion, and filth and vermin, and all the disagreeables of the elements, cold, and rain, and heat, is past finding out. That they do come though, the very best in the profession, is true nevertheless, and they stay, which is better—if not in the Chicago Association, they go elsewhere, to institute our plans and methods. We are particularly fortunate in drawing to our work an unusually fine set of applicants. Our new rule of requiring every nurse to present her certificate of State Registration, in addition to her diploma, has proved a good one, as such a declaration of standard helps to advance the place of the trained nurse everywhere."

## Reflections.

## FROM A BOARD ROOM MIRROR.

On the motion of Professor Smith the Metropolitan Asylums' Board resolved at their last meeting:—"That, in view of the continued prevalence of scarlet fever, notwithstanding the extensive isolation accommodation which has been provided, the Local Government Board be asked to cause an inquiry to be instituted into the cause of this disease, and whether any, and, if so, what further, means can be adopted for its prevention."

The German Mount of Olives Hospital at Jerusalem was inaugurated in conjunction with the consecration of the Ascension Church, under the auspices of Prince Eitel Friedrich, son of the German Emperor, on Saturday last.

Reuter reports that from an early hour persons concerned in the ceremony were streaming towards the Mount of Olives, while all the streets and roads between the Jaffa Gate and the hospital were lined with dense throngs of spectators, who heartily demonstrated their interest in the occasion. The ceremony of consecration of the church was of an imposing nature. At the head of the procession from the Gala Hall of the hospital to the Ascension Church walked the whole clergy of the foundation with their ecclesiastical vessels and the Bibles presented by the German Emperor and Empress. After the strictly ecclesiastical proceedings had terminated, a reception of the Knights of Malta and St. John, and subsequently of the Consular Body, took place in the Gala Hall. The whole ceremony was altogether a great success, and the solemn service in the magnificently decorated church made a deep impression on all present.

## Legal Matters.

The Bakewell Guardians have recommended the Local Government Board to pay the taxed costs, amounting to £70, of Miss Elizabeth Swift, the nurse against whom the Master of the Workhouse, Mr. W. E. Ponsford, brought an action for libel at the recent Derbyshire Assizes. The action was the outcome of most serious allegations, which Miss Swift, and other nurses, considered it their plain duty, in the interests of the morality of the staff, to report to the Guardians.

The Judge, in summing up, remarked on the importance of the case, as it affected the conduct of an institution under a Government Department, and said the charges against the plaintiff were so grave that it established it would be impossible for him to remain in the public service. Unless the allegations against the plaintiff were true the defendant and the nurses whom she had called to corroborate her must have agreed to commit wilful perjury with the object of ruining the plaintiff and his family.

The jury found for the defendant, and the foreman affirmed that Miss Swift had not been actuated by malice, and that the statements she made were true in substance and fact.

## Outside the Gates.

## WOMEN.



Never before has there been gathered together in any country such a collection of babies as those at the World's Baby Congress at the Ideal Home Exhibition at Olympia. They held merry court while a struggling, seething mass of hot humanity enters the gateway, which burly policemen, with an eye on the interminable queue behind, beg you to "pass along quickly please," and one realises the privilege of representing the press.

On mentioning the *BRITISH JOURNAL OF NURSING* one was at once admitted to an intimate acquaintance with these charming little people, all as bonnie as can be, and as happy as the day is long. Mrs. Palmer, whose brilliant idea it was to bring them together, naturally ascribes their healthy condition to Virol, for they are one and all Virol babies. Swinging sedately on an Indian cradle was a little Norwegian baby of a few summers, in her picturesque national costume. On a charpoy near by a little child from India was snugly curled, "Liza" from Trinidad smiled bewitchingly on the world at large while Thunleed and Ummah from Ceylon had the solemnity of the unfathomable East in their dark eyes; and Beebe, of Jamaican origin—well, Beebe's portrait is on next page.

English, Scotch, and Irish babies, of course, are there, besides French, German, Italian, Turkish, Russian, Dutch, Japanese, Chinese, West African, East and West Indian, South American, Moorish, and Creole infants and small children, and others of different sections of the great Indian Empire. Questions of politics, caste, and creed trouble them not one wit. They feed, play, sleep, and, it must be added, flirt with one another with supreme indifference to all these questions which in later life will seem so vital to them, and are the most bewitching object lesson imaginable to their elders that the millennium would be near at hand if only they would not disagree about matters, which to the baby world—which, after all, is nearest to the celestial one—seem so unimportant.

Another thing which strikes the observer is how much these nations have lost which have discarded national costumes, the graceful Indian sarree, the bright coloured silk trousers and zonave of the little Turk, the sapphire velvet and silver costume of a small boy from the East Indies, introduced into the scene a wealth of colour and picturesque never seen in a gathering of English children.

The National Society of Day Nurseries, 1, Sydney Street, Fulham Road, S.W., also have a very interesting exhibit at the exhibition, under the personal supervision of Muriel Viscountess Helmsey, where those interested in *crèche* work have an opportunity of seeing what is being done to provide suitable accommodation for babies whose mothers have to go out to work daily. The society is exhibiting a model for the guidance not only of those



about to establish a crèche, but also of those who desire in existing day nurseries to reach the standard of efficiency requisite before affiliation with the Society can be obtained. The children can be seen at play, asleep, and at meals. Some fascinating twins, as good as gold, apparently enjoyed all the attention they were receiving. Among practical appliances an excellent ailer and dryer, which would be useful in many households, was on view in this exhibit.

The Queen's Hospital for Children, Hackney Road, E., showed a delightful model ward, the walls of which were lined with opalite. One of the model babies was the best representation we have seen, and received unstinted admiration. During the exhibition, Dr. W. Hampson, medical officer in charge of the Electrical Department of the Hospital, is giving some interesting demonstrations.

A very interesting exhibit is that of the Lord Mayor Treloar Cripples' Home and College at Alton, Hants, demonstrating not only what is done for the children, but what they can do in the direction of self-support. Some excellent examples of leather work included many useful articles made by the cripple lads.

The Tudor village, with its village green, stocks, and ducking stool is sure to be a popular attraction of the exhibition, which both because it shows all kinds of useful inventions for the Home, and by reason of Babylon, is a woman's exhibition.

eagerly through narrowed eyelids and sheltering hands to see if the good God sent anything their way that night," while the good Curé in the little church prayed for the souls of those who might pass upon the sea, and, more earnestly still, that if anything came ashore it might not be brandy.

When the storm subsided the next day, and the fishermen, with the Curé, visited the wreck, they found lashed to the stump of the foremast the body of a woman, and tied to her a bundle, in the midst of which, rosy and warm, in spite of the damp, was a

sleeping child. So Gillian came to Guelgoat, and was handed over by the Curé to good Jeanne Daoulas, who, having lost her own child, took the foundling straight to her heart. Then they bore the beautiful young mother, wrapped in a salvaged sail, up to the little stone church dedicated to Our Lady of Pity, and laid her before the altar, decked her with flowers for her burial, and drew from her finger the quaint old ring, inscribed "Gillian," for it was the heritage of the child.

So Gillian grew up on the country-side, and at twenty-one was a maiden of unusual and striking beauty. So thought Derek Kervall, who loved her with all his heart and soul; and so thought many besides. But always Gillian looked out on the world with eyes which dreamed of the unknown, and though her friendship for Derek was strong and pure, her face, charming as it was, lacked that which his eyes and his heart craved beyond



BEEBEE,  
A Virol Baby at Olympia.

everything else in the world.

And while Derek was exposed to peril in lonely seas there comes to Guelgoat Victor Lenoir, artist, "in search of the beautiful." He finds it in Gillian, whom he forthwith paints in the picture which is his masterpiece, and marries the original; and Derek, sore at heart, sees it in the Salon—Gillian, lying on their own great table on Pen-Dhu in a long white robe, with her white throat bare and her feet, and all her hair flying loose about her, as no modest girl ever wore her hair. There was no other face in the world like Gillian's—and she had let that man paint her so! The hot blood boiled so furiously in his head that his eyes were dim, his knife slashed through the canvas, and the pictured Giman was rent by his strong brown hands into a hundred ragged fragments.

The bad blood resulting from this episode be-

## Book of the Week.

### GREAT HEART GILLIAN.\*

Everyone who has read "Hearts in Exile," "The Long Road," "Carette of Sark," and other books by John Oxenham, will take up "Great Heart Gillian" expecting it to be fresh and vivid, and full of stirring incident. The book opens with a shipwreck on the coast of Brittany, near the little village of Guelgoat, where, though thanks to the thirty years' work of the good Curé, no false light had hung on Pen Dhu for many a year, yet the people crouched amongst the Ghost Stones, "peered

\* By John Oxenham, Hodder and Stoughton, 20, Warwick Square, London.

tween Kerval and Lanoir increased till, on the strongest circumstantial evidence, Derek Kerval was found guilty of his murder and condemned to the galleys for ten years. It was then that Gillian, with her baby in her arms, convinced of his innocence, journeyed from Brittany on foot to Paris to obtain his pardon from the Emperor, and finding he had left for the seat of war, went on to the frontier, and, finding him at length in Sedan, obtained a free pardon for Kerval, only to learn on her return to Paris that the power of the Emperor had passed.

But, after all, Derek's innocence was conclusively proved, and he and Gillian, happy in their love for one another, returned to their Brittany home.

Once during the horrors of the fight near Sedan Gillian seemed to come near to solving the mystery of her parentage. An officer of the German army, of high rank—appealed to, to decide her fate—suddenly "gazed at her with a face blanched white with amazement, and eyes that blazed with fearful curiosity. His eye caught the gleam of her ring, and he pointed to it with a hand that would not have shaken so at the menace of a hundred deaths.

"Where got you that?" and his lips were as white as his face.

"It was my mother's. They called me after it." But just then a furious cannonading broke out beyond the village to the eastward.

"For one second he stood torn by conflicting emotions. Then duty prevailed. The Fatherland first. He was needed elsewhere. This must wait."

P. G. V.

#### COMING EVENTS.

April 19th.—Guy's Hospital, S.E., Post Graduate Lectures. "Recent Surgery." By E. C. Hughes, Esq., M.C. Nurses' Home, 8 p.m.

April 19th and 20th.—Annual Council Meeting, Women's National Health Association of Ireland, Leinster House, Dublin.

April 21st.—Monthly Meeting of Central Midwives' Board, Board Room, Caxton House, Westminster, S.W., 2.45 p.m.

April 22nd.—Society for the State Registration of Nurses: Meeting of Executive Committee, 431, Oxford Street, 4 p.m.

April 22nd.—Matrons' Council of Great Britain and Ireland. Valedictory on the late President by Miss Mollett, 431, Oxford Street, London, W. 5 p.m.

April 23rd.—Nurses' Missionary League. The Eighth Annual Conference and Meeting, University Hall, Gordon Square, London, W.C., 10 a.m. to 9.30 p.m.

April 27th to 30th.—Third Annual Nursing and Midwifery Exhibition and Conference, Royal Horticultural Hall, Westminster, S.W.

April 28th.—Examination of Central Midwives Board at the Examination Hall, Victoria Embankment, W.C. The Oral Examination follows a few days later.

April 28th.—Union of Midwives. A Musical Entertainment, Cavendish Rooms, Mortimer Street, Regent Street, W. 7.30 p.m.

## Letters to the Editor.



Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in any way hold ourselves responsible for the opinions expressed by our correspondents.

#### OUR GUINEA PRIZE.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—I have pleasure in acknowledging the receipt of cheque for one guinea, as the result of Puzzle Prize for March, for which I thank you. With my best wishes for the success of your valuable and instructive paper.

Yours faithfully,

ANNIE A. AXON.

Waltham Villa, West Street, Ryde.

#### NURSING SHOULD BE TAUGHT BY NURSES.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—I have read with much interest Miss Burr's letter in last week's issue of the BRITISH JOURNAL OF NURSING, and am glad to see that she draws the attention of the National Council of Nurses to Mr. Haldane's scheme. I agree with her that the Nursing detachments are foredoomed to failure; not owing to the giving of nursing lectures by doctors instead of nurses, but from the fact that lay people are, in almost every case, managing the various country districts.

Sir Alfred Keogh told us in his address at the meeting held at St. James's Palace in October last, that "If there is to be real help there must be no confusion, no overlapping, no misunderstanding; there must be knowledge, organisation, precision, discipline, self sacrifice." Of the latter we hope we are all capable; but I maintain that it is impossible for Society ladies (or men) who have not the special knowledge, who have not been trained and disciplined themselves, to undertake the work of organising, and keeping organised these Voluntary Aid Detachments. Surely, the scheme ought to be in the hands of trained nurses and medical men throughout, if in time of war these detachments are to be of the least use.

The actual instruction given is only one link in the system. The fact of having had five lectures on "First Aid" and a similar number on "Home Nursing," however well given, will be of little value to the people without the special knowledge necessary for the management of temporary hospitals in time of war. This knowledge can only be given by those who have already gained it in their hospital training. I would suggest, that the various districts, comprising as they do several villages, should be supervised by a trained nurse. I feel sure there would be little difficulty in obtaining this help from married nurses, retired Army Sisters, etc. I cannot see how "discipline, organisation, precision," are to be attained if the Voluntary Aid Detachments after ten, or even twenty hours'

or teaching, are left to the care of those, who, however willing and enthusiastic they may be, are or necessarily incapable of imparting the further detailed knowledge required. An occasional visit from a qualified official from headquarters will certainly not be sufficient to train Voluntary Aid Detachments in the most elementary knowledge of hospital routine. The two trained nurses who are to form part of every Voluntary Aid Detachment will arrive on the scene of action much too late in the day, according to the present plan, to do anything but make the best of existing arrangements. It is the organisation of the temporary hospitals, large or small, which must be in the hands of trained women. Others can render invaluable aid in arousing the interest of the people, explaining the scheme to them, getting up Ambulance and Nursing classes, and taking charge of the financial business, etc. They cannot determine the amount of surgical and medical material needed, say for a hospital of 40 beds—the number of cooks, cleaners, laundry women, porters—the amount and kind of food necessary for sick people—the general stock to have ready—the sanitary arrangements necessary, and all the innumerable details that we as trained women alone understand. It is not an easy matter to discipline and organise the laity, rich or poor, sufficiently for them to be of use in time of war; but it can be done if undertaken by those who from their training and experience know what will be needed, and how to make the best use of our material and environment while there is time to do so.

We must not, unless the scheme is to fail utterly, trust to vague promises of help coming at the eleventh hour from headquarters, presumably the War Office.

Faithfully yours,

LECY NETTERVILLE BARROX,  
Member Leicester Infirmary Nurses'  
League.

Cranborne Corner, Ascot.

#### LECTURES ON NURSING BY NURSES.

MADAM,—May I explain, in answer to the letter signed "Elizabeth Brunning," in your last issue, that I do not doubt that there are a number of doctors who can lecture well on nursing, and that in London and other large centres the St. John Ambulance Association can command the services of the best.

But in the country the supply of good medical lecturers is limited, and yet the rule holds good, making it impossible to take advantage of good nurse lecturers who may be available. And although nurses in full work have, no doubt, as you correspondent says, little time for lecturing, there are plenty of qualified nurse health lecturers, and occasional retired or partially occupied nurses who would be perfectly competent and willing.

I have received the enclosed unsatisfactory answer from the St. John Ambulance Association, which may be useful to publish.

I am, yours faithfully,

E. L. C. EDEN,  
Central Organiser, Nurses' Social Union.

St. John Ambulance Association,

St. John's Gate,  
Clerkenwell, E.C.,  
7th April, 1910.

DEAR MADAM,—In reply to your letter of the 5th instant, I beg to inform you that no exception can be made to the fundamental rule of this Association that the lectures in "First Aid" and "Home Nursing" should be given by qualified members of the nursing profession.

Yours faithfully,

P. G. DARVIL-SMITH.

Ass. Sec., Territorial Branch.

Miss E. L. C. Eden.

[This letter is not very clear. The fundamental rule of the St. John's Ambulance Association is that lectures on First Aid and Home Nursing shall be given by members of the medical profession. Presumably this rule was adopted when trained nursing was practically non-existent. It is now obsolete, and should be abrogated.—Ed.]

#### SISTERS.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—I think that one of the reasons why Sisters come short of the standard expected of them by Miss Butler is that such a multiplicity of duties is required of them that it is impossible to perform them all adequately. The systematic instruction of probationers is too important a matter to be placed upon the head of a busy ward.

By no means every Sister is qualified to teach. I grant that she ought to be, and when our nursing education is more systematic, perhaps it will be a requisite qualification for promotion to the position of Sister for a nurse to be required to demonstrate her ability to do so, but if a Sister supervises the domestic arrangements of her ward, both as to cleanliness and economy, assures herself that the duties of the nurses and ward maids are properly performed, that the patients are comfortable, that medical directions are carried out, notes any changes in the condition of the patients, goes round with the staff twice a day or more, if the hospital is a medical school sees that everything is duly ordered for the visits of the students, orders and serves the diets for each patient, sees and corresponds with the friends, and does a multitude of other things besides as they crop up, it is reasonable to expect her to be an efficient teacher of theoretical nursing as well? Sisters' duties are not often defined. I think, if they were, that hospital authorities would find that they expected for £30 or £35 a year more than it is in mortal woman to perform.

Yours faithfully,

A HARASSED SISTER.

#### Notice.

##### OUR PUZZLE PRIZE.

Rules for competing for the Pictorial Puzzle Prize will be found on Advertisement page xii.

# The Midwife.

## "The Rights of the Babies."

Miss Caroline E. Knieriem, R.N., Nurse-in-Charge, Baby Cottage Hospital, State Public School, Owatonna, Minn., read at the Alumnae Banquet of the Nurses of St. Barnabas Hospital, Minneapolis, an interesting paper, which, though addressed primarily to nurses, is of equal interest to midwives. The State Hospitals in the United States of America answer to our Poor-Law Institutions.

In this paper, which is published in full in the *American Journal of Nursing*, she says, in part:—

I am aware that this subject is not a popular one with the majority of nurses. They may see interesting possibilities in one well-kept, properly nourished baby, but the pathetic setting of a group of motherless infants whose only nourishment is supplied by the dear old "moo cow" through the agency of a few spinster nurses whose greatest anxiety is to have everything in use "surgically clean," even to the baby's thumb before putting it into his mouth, as babies sometimes will, you know—this does not appeal to the average nurse.

The subject, in itself, may seem somewhat sentimental, but I hope to prove to you, who are open to conviction, that the work among infants and young children is not all a mere sentiment, but, on the contrary, that it is *very real* and that it has a deeper and more practical side. It is an ever-increasing and most perplexing problem which every true nurse should be ready and willing to meet and help to solve, and whether success or failure crown her efforts in the struggle to prolong the frail little life entrusted to her care, she at least "hath done what she could"—her duty.

Someone has said that a woman is far more competent with a baby on her lap. If this be true, why should she not be still more competent with thirteen or sixteen babies on her lap?

The one thing which will help to prevent our growing bitter and resentful is the soul-light in the sixteen pairs of baby eyes looking up into ours, and with mute appeal saying, "We are here—will you help to take care of us? Then the grateful baby smile at every gentle touch or care. Do you think you could resist sixteen smiles all at once?"

After you have seen and actually handled these frail little specimens of humanity—not simply one by one, but by the dozens, group after group—when you have watched them hour by hour and day by day, looking for even the slightest improvement, you will begin to understand in a measure what an endless task you have before you, and what infinite patience and courage must be required to keep you *always* at the post of duty.

You may wonder how we are able to train and discipline so many and at such an early age. Here, again, we meet with difficulties and discouragements. Criticisms and false impressions must be met and overcome. The nurse is subjected to a

regular catechism, but, strange to say, she never seems to know the correct answer to this list of questions. We *must* be persistent in what we believe to be the right course, and every success gives us new courage to persevere in our efforts. We insist upon regularity in the daily routine of feeding, bathing, rest, and exercise. Some one sarcastically remarked that, "They even have a regular time each day to nibble their crusts." This occurred a year ago. The fact still remains, but *not* the sarcasm, not the author of it.

The hardest and most important factor in the whole problem of baby work is the wet nurse. If you have never had to deal with her you cannot appreciate the infinite tact and patience necessary to keep her in proper condition, mentally, morally, and physically, in order that she may perform the function required of her; to teach her the dignity and sacredness of her position and her relation to the infants who depend upon her for nourishment. You may have your own standard, your own ideal; make it just as high as possible for yourself, but do not be disappointed if all others fail to reach the same high level. In time, however, this, too, becomes one of the most interesting features of the work, and always leads us out to the same practical though pathetic thought—the baby needs its own mother, and in order to thrive well must have its own natural food.

By the employment of these unfortunate young women we seem to be using one evil to overcome another, yet, if properly directed, both parties may be greatly benefited by the arrangement.

The prevention of infant mortality and infanticide are problems the solution of which will go hand in hand with the warfare upon tuberculosis, venereal diseases, and other social evils, and we, as nurses and the natural reformers among women, should use our influence in helping to create a public sentiment against these evils which will be stronger than any *written* law. We may need to dig deep into the mire at times, but we have only to be true to ourselves and our own womanhood, and the clay will fall from our hands, leaving them cleaner and purer than before. Here, again, the pure light from the baby eyes gives us new courage to go forward and renew our battle for right and justice.

Emerson says: "To believe your own thoughts, to believe that what is true in your own heart is true for all mankind—this is genius. Speak your latent conviction and it will become the universal sense. For the inmost in due time becomes the outmost."

It may require many little "Davids" to slay with his slingshot the modern "Goliath" who is responsible for these great and terrible evils, but at least we must do what we can to save these little "Davids" while we have them with us, and in time they may become our strongest and safest allies.



## The Nursing and Midwifery Conference and Exhibition.

The following are the arrangements so far as have been settled for the opening day, Wednesday, April 27th:—

Her Royal Highness Princess Christian of Schleswig-Holstein will open the Conference at 12.30, and District Nursing and Midwifery questions will be dealt with on this day, when the following papers will be read:—(Chairman, Dr. Champneys):—

"The Combined Duties of District Nurses and Midwives," Miss Macqueen (Nursing Superintendent for England, Q.V.J.I.). Discussion opened by the Hon. Lady Acland.

"The Prevention of Infantile Blindness," A. Nimmo Walker, Esq., M.B. Discussion opened by Miss Blomfield, Matron of Queen Charlotte's Hospital.

"The Report of the Departmental Committee on the Midwives' Act," Francis E. Fremantle, Esq., F.R.C.S. (member of the late Departmental Committee). Discussion opened by Miss Alice Gregory.

Mrs. Lawson, of the National Association of Midwives, and Mrs. Stephen Glanville will speak on the important question of "Direct Representation on the Midwives' Board," and it is hoped that there will be full discussion. The question of the "Registration of Nurses" will also claim attention, on which subject Miss Annie Hobbs has promised to prepare a paper. Miss Lucy Robinson will speak on "The Living Wage for Midwives in Rural Districts" and "The Poor Mother." Among others who have consented to speak are Muriel Viscountess Helmsley, on "Creches"; Miss Gibson, Matron of Birmingham Workhouse Infirmary, on "Poor-Law Nursing"; Miss Wilson, on "Nursing in Small Unseparated Poor-Law Infirmarys"; Dr. Bernard Hollander, on "Mental Nursing"; Miss Manley, on "Massage"; Miss Barton, on "Territorial Nursing"; Miss P. Douglas Townsend, on "The Care of the Feeble-Minded"; and Miss Eden has arranged to give a lantern lecture on "The History of Nursing" on Friday evening, April 29th.

## The Midwives' Act Amendment Bill.

One of the points most clearly demonstrated in the Bill to amend the Midwives' Act, 1902, is the value of societies through which midwives can express their needs. Thus Mrs. Lawson, President of the National Association of Midwives, urged upon the Departmental Committee appointed to consider the working of the Midwives' Act, that any amendment of the Act should recognise the claim of midwives on the Central Midwives' Board. While we have not got that in the Lord President's Bill we have come appreciably nearer to it by the amending clause which provides that henceforth two of the members of the Board must be certified midwives, by which the right of midwives to representation on their Governing Body is recognised.

Mrs. Lawson also asked "that in all cases of compulsory notification of sending for medical help, stamped forms should be supplied, as it is often difficult for the poor midwife to pay these charges, and this is therefore sometimes a temptation to her to evade notifying the Local Supervising Authority. The Lord President's Bill provides (1) that "All forms required to be filled up and returned to the Central Midwives' Board shall be supplied gratis by the Board to certified midwives. (2) All other forms and books which certified midwives are required to fill up or use shall be supplied to them gratis by the local supervising authority, and (3) where any such form is required to be returned by post to the Board or the authority either the form shall be supplied duly stamped or a duly stamped envelope shall be supplied with the form."

Other points which have been emphasised by the National Association of Midwives are that midwives cited to appear before the Board are often too poor to defray the expense of a journey to London, and that any criminal has the right to be conveyed free to the place of trial in Black Maria to be tried. Provision is now made that the Central Midwives' Board may, if they think fit, pay all or any part of the expenses of any midwife who may be required to appear before them in her own defence.

Another point in which consideration is given to midwives in the new Bill is that midwives who are suspended from practice, in the public interest, *i.e.*, to prevent the spread of infection, may be compensated for loss of practice.

It will be seen, therefore, that in all these directions the position of the midwife will be improved by the new Bill.

## The Central Midwives' Board.

The next examination of the Central Midwives' Board will be held on April 28th, at the Examination Hall, Victoria Embankment, W.C. The oral examination follows a few days later. Subsequent examinations during the year will be held in London on June 15th, August 3rd, October 24th, and December 16th, and on June 15th and October 24th at Birmingham, Bristol, Leeds, Manchester, and Newcastle-on-Tyne.

## The Union of Midwives.

On Thursday, April 28th, a musical entertainment will be held at the Cavendish Rooms, Mortimer Street, W., the profits of which will be devoted to the fund for defraying the initial expenses of the Union of Midwives. Tickets can be obtained from the Secretary, Union of Midwives, 7, Delamere Terrace, Westbourne Square, W., from Messrs. Bailey, 38, Oxford Street, W., and from E. A. Wilkins and Son, 57, Crouch End Hill, N., or at the door. Reserved seats, 2s.; unreserved seats, 1s. The entertainment will begin at 7.30 p.m.; doors open at 7 p.m.

# THE BRITISH JOURNAL OF NURSING

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**THE NURSING RECORD**  
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XLIV.

## Editorial.

### CHILD CULTURE.

Is there a nurse or midwife who has no affection for children? If so, she has assuredly mistaken her vocation, for an unloved is an unhappy child, and no unhappy child will really thrive.

And the opportunities of nurses to befriend the children are innumerable. Do we not know the nurse with whom babies and children are always good? An infant of a few days' old knows whether his nurse cares for him or not, and older children turn instinctively—as flowers to the sun—to the nurse who mother them. Nurses and mothers stand at the gate of life, and as they look down the vista of years to come, their special knowledge enables them to see more clearly than most people the dangers that beset the little feet which they help to set on life's highway. They see small travellers who have never beheld the light of the sun, or the beauty of the earth and sea, stumbling along that road, because through the sins of their parents, or from inexcusable neglect in infancy, they are blind; they see others stunted and wizened because drunken parents have drugged them with alcohol in infancy and allowed them to grow up half-starved and ill-clad, to satisfy their own cravings for drink; they see children who through unwise indulgence on the part of their natural guardians grow up undisciplined and lacking in self-control, so that in later life they find their way into the reformatory and the prison; they see children whose parents, confounding ignorance with innocence, will send them out into the world without a word as to the dangers which await them morally and physically, and who, wrecked and broken, will pass into hospital

and infirmary wards. They see, again, the poor little "come-by-chance," whose prospect of life is so much slier than that of the child born in wedlock, and who is an easy prey to the baby farmer and the murderer; and they see other children sensitive and misunderstood, whose childish failings are immediately and severely reprimanded, whose childish efforts to do well pass unnoticed and unencouraged. Is it any wonder that the nurse, if she has any imagination at all, is saddened by the weight of unnecessary suffering which falls so heavily on little children, and that she registers a vow to do all that she can to make life a happier and brighter place for them?

And she can do so much. Health through life depends greatly upon the care bestowed on children in infancy, when they are her special charge. Infantile blindness may, through her instrumentality, be banished from the land; she can teach young mothers—and they will listen to her, for she has proved herself their friend—that if they wish to rear healthy and mentally stable children, they should, while nursing, abstain from alcohol, and take nourishing food; and that to drug a child with spirits is to poison it. They can inculcate the duty of wise discipline and the cruelty of over-indulgence; they can urge mothers to teach their children the vital facts of life as they grow older; and they can befriend the babies who are unwanted and uncared-for, and claim for them their right to live.

The nurse or midwife who does these things is a social worker of the first importance, for the strength of a nation depends on the physical and moral welfare of its people, and she will help materially to raise the standard of both if she attends to the culture of man in the making.

## Clinical Notes on Some Common Ailments.

### SOME FORMS OF HEART DISEASE.

By A. KNIVETT GORDON, M.B. (Cantab.).

In considering the disease, or rather group of ailments which comes next on the selected list—namely, disease of the heart—we will direct our attention chiefly to the mechanism of the process, and to the explanation of the symptoms which it produces; the treatment of the patient will then be dealt with, with special reference to the occasions on which the nurse will have to act on her own responsibility in time of emergency.

As we all know, the heart is a muscular pump, which may be likened in shape and action to an enema syringe; at each beat, or compression of the bulb, blood is sucked in through one tube and propelled out through the other. Now, when we compress the bulb (if the syringe is a new one and is acting properly), the fluid comes out through the one tube only, and not through both ends, this being due to the fact that the valve at the end of the tube which is immersed in the basin from which the fluid has to be withdrawn is in working order. But if the syringe is an old one, there will probably be some regurgitation of fluid through the suction tube when the bulb is compressed.

Coming now to the heart itself, the only real difference is that it is practically a double syringe, there being two sets both of suction and delivery tubes; the blood is sucked in from the system through the inferior vena cava, and from the lungs through the pulmonary vein, and is propelled to the lungs through the pulmonary artery, and to the system through the aorta, and there are many valves placed at intervals throughout the circulatory system instead of the single one on the suction tube of the enema syringe. One half of the heart, the right, propels the blood through the lungs, while the left side forces it into the blood vessels of the rest of the body; inasmuch as it has more work to do than the right side, its walls are much thicker, and—probably for the same reason—it is much more frequently the site of disease, so much so, in fact, that in these notes we need not consider the right side at all. We shall have to remember the position of two valves on this left side, one of which, the mitral, is placed between the upper and lower halves (the auricle and ventricle), and the other (the aortic valve) guards the passage from the ventricle to the aorta, and thus prevents the return of blood from the system to

the heart before it has gone on its proper course round the body.

The heart may become diseased in various ways, but the only kind of illness which we will take at present is that which occurs when its valves become affected so as to act imperfectly.

Valvular disease is most frequently started by an attack of rheumatism, though some other ailments, such as scarlet fever, typhoid fever, and influenza, may have pretty much the same effect in some cases. The valves become inflamed and pieces of fibrin are deposited on their surfaces, so as to prevent them from closing properly. What happens at first is that there is an obstruction at the orifices of these valves, but sooner or later this is masked by the more important change above mentioned, and we get regurgitation, or blood going partly backwards, instead of entirely forwards. For our purpose, we can neglect the results which follow from obstruction only, and take those symptoms which are due to regurgitation.

Now, in disease of the heart there are two sets of signs, those which show what is happening to the heart itself, and those which indicate what effect the disease (of the heart) is having on the circulation. From the physician's point of view, the former are of considerable interest, as they throw some light on the mechanism of the heart's action, but it cannot be too clearly laid down that the important point as far as the patient is concerned is whether or not the circulation through the various organs of the body is being maintained. It is surprising, for instance, how well an extensively diseased heart will do its work in some patients, while others will endure a life of misery, and on *post-mortem* examination the heart will appear to have had very little the matter with it.

It is, therefore, only necessary to refer very briefly to the signs of disease in the heart itself. When a valve becomes obstructed, the first thing that happens is that the blood makes a noise on passing through the narrowed orifice. This noise, or murmur, as it is called, is heard by the physician with the stethoscope when he makes his examination. The next event is that, as the heart muscle has to work harder to propel the blood through the damaged valve, it increases in size and strength accordingly, and becomes "hypertrophied"; this increase in size can be measured by percussion of the chest wall, and the increase in force of the impulse can be felt with the hand laid lightly over the site of the heart itself.

So long as the increase in strength is sufficient to enable the heart to keep the blood stream going as before, nothing happens, and

the patient need not know that he has a diseased heart at all, but this very seldom lasts long, and ultimately the muscle stretches, so that the auricle or ventricle behind the affected valve becomes a thin walled sac, which is quite unable to contract sufficiently to drive the blood adequately along the vessels. This condition is known as dilatation of the heart, and while it is most commonly due to this deficiency at the valvular orifices, it may result from obstruction somewhere in the blood vessels of the system, or may be due to weakening of the heart muscle apart from any obstruction at all, by an attack of some acute illness, such as typhoid fever or influenza, or from the effect of certain substances, as tea, tobacco, or alcohol taken to excess for a prolonged period.

From what we have seen, it will be evident that the symptoms of heart disease depend on the inability of the heart to maintain the circulation of the blood at its proper pressure through all the parts of the body, whether that inability be due to leaking back of the blood through a damaged valve or to simple weakness of the muscle from dilatation. In order to understand the effects of the disease on the patient, we have, therefore, simply to see what will happen when the various organs receive an inadequate supply of blood.

Obviously, in the first place, the symptoms will depend very much on the amount of work which the heart is called upon to do, and in some slight cases symptoms only occur when the patient exerts himself, so that if he leads a well regulated, sedentary life, he will feel, and in fact be, quite well. Only there is no reserve power for emergencies.

In the more severe cases there will be some further signs. The pulse will be quick and irregular, and, inasmuch as the blood has to be propelled uphill to reach the brain, but can return from it quite easily, the first effects will be that the brain gets too little blood and becomes anaemic; in the legs the reverse is the case, for the blood can easily get there, but returns with difficulty. Hence we get, as signs from the brain, dizziness, faintness, and even complete loss of consciousness in a fainting fit, and in the legs we have swelling, beginning at the ankles and ultimately reaching up the thighs even to the abdomen, and, in advanced cases, ascites or a collection of serum in the abdominal cavity itself.

Then, as the right side of the heart is unable to keep up the circulation through the lungs, we get shortness of breath, which in extreme cases is shown by an inability of the patient

to breathe at all except in the upright position, and also some accumulation of fluid in the lower bronchi, or congestion of the lung, as it is termed.

Then, from the deficient circulation through the abdominal organs, we get enlargement of the liver, indigestion from congestion of the stomach, and albuminuria when the kidneys become affected.

All the above symptoms may occur in disease of any of the different valves of the heart, and the distinguishing feature between the different forms of cardiac affections become apparent when the heart is examined by the physician, and consist in differences in the nature and site of the various murmurs, and alterations in the size of different parts of the heart. From the nursing point of view, inasmuch as we do not have to treat the murmurs, but the effect of the failure of the muscular part on the patient, we can consider the treatment of all forms of heart disease together.

*(To be concluded.)*

## Shelters.

"Our success depends upon the strength of our purpose, and if we would make progress we must use much diligence."

THOMAS A KEMPS.

Considering the supreme importance of fresh air to the victims of tuberculosis, and the infectious nature of their disease, it is a surprise how much money is still spent on solid masonry in the erection of modern sanatoria. The ideal is a structure as slight as is consistent with the comfort of the patient, and this has led to the introduction of the canvas tent or shelter such as is used at Merivale, Sandon, near Chelmsford, where Dr. H. Norman Marrett, who designed it, is Resident Physician, and of which, by his courtesy, we are able to give an illustration. It will be seen that the opportunities for infection to find lodgment in these shelters are of the smallest, while the patient can have the maximum amount of fresh air and sunlight.

The sides and doors of the tents are made entirely of canvas, supported by a framework of wood, and the floor is raised some twelve inches from the ground, thus permitting a free current of air to circulate beneath the tent. All skirting is avoided, so that there is no possibility of an accumulation of dust. The tents are twelve feet square, which is found to give ample room for the requirements of the treatment.

The roof is of a special composite material,

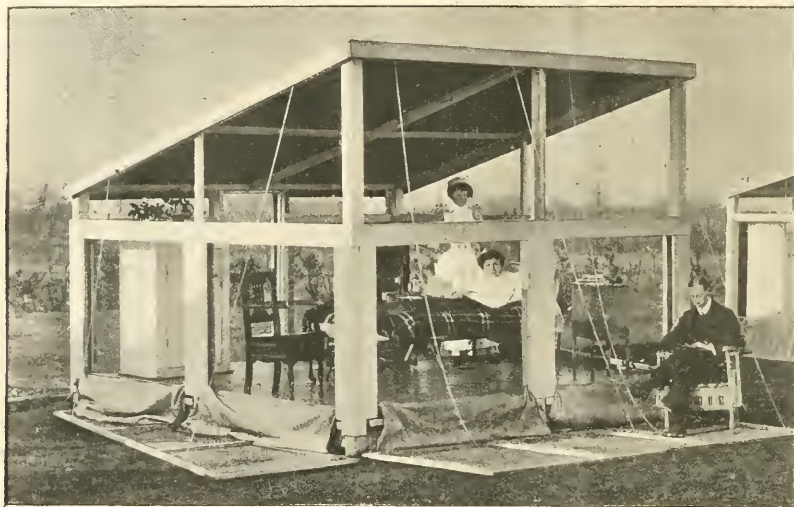


through which the light passes on the duller days, and the canvas sides consist of several blinds, the canvas used being of such a mesh as to prevent the pores being closed when the canvas becomes wet. If the canvas screens are properly manipulated it is impossible for the patient to be in a draught; these tents are consequently a great advance on verandahs and fixed shelters, where at times a draught cannot be avoided, and even in a wooden shelter working on a pivot it is very difficult to keep pace with the vagaries of the wind.

The great advantage of the canvas tent above described is that even if it is entirely closed it

tuberculosis is a dissemination of knowledge in regard to the disease, its dangers, and the methods of its prevention. The book in question tells simply and attractively the story of the cleansing of one home in Ireland, in which the White Demon is rampant. The teaching is given in the form of a fairy tale, and told in language so simple that a child can understand it, and indeed the book is used as a class book in the schools in Ireland, so that every child will in time learn something of the cause and cure of tuberculosis.

At the outset of the story we are introduced to Sheila Murphy, sitting in the door of her



A Tent Wide Open, as it Should be Whenever Possible.

will still be flooded with light, nor can the air be excluded.

Treatment in these shelters is suitable for all cases likely to benefit by rest in the open air with general hygienic treatment; such as convalescents from surgical operations and severe illnesses, neurasthenia, dyspepsia, etc., and special tents are set apart for such cases at Merivale. Only ten cases in all received, so that they can have the same close attention and comfort as in a private nursing home.

Have any of our readers read that charming book, "The White Demon, and How to Fight Him," by Mrs. F. E. Eaton? If not, they should do so at once. The great hope of the future in the war with the white demon of

mother's cottage at Ballyknock. "By her side sat an Irish terrier, who every now and then thrust his moist nose into the child's face. The dog somehow felt that his mistress was not in the best of spirits, and required comforting, and that sooner or later she would pour all the trouble into his faithful ears.

"Listen," she said at last, "and I will tell you. Rover, I'm afraid, that's what I am. Mary Kate is after telling me the queerest news. Whisper. She says the ugly "White Demon" can be seen at nights, creeping along in the mist and the shadows. He carries a bag on his back filled with 'demon dust,' full of microbes, which he throws into the houses and yards. She says there is hardly a cottage in

the whole village where he has not been.'

"The dog looked intelligently into his mistress' face. . . .

"Before you know where you are, Rover, some of this dust, which is full of what the wise people call "microbes," gets into your throat, down into your insides, and then you are in a very bad way, as they slowly but surely eat you up inside. I am thinking they have been here,' and she looked fearfully round her and drew the dog closer.

"It was the "white plague" killed my father, and my mother has the same kind of cough, with the wee bit of colour in her cheeks. Mary Kate says she will be taken next, and when she goes Danny and I shall be left alone to fight the Demon as best we can!'

"Here Rover lifted up his voice and howled.

"It is to the House (she meant the Work-house) we would have to go.' Sheila got up and turned to enter the mean little cottage. To her surprise it seemed full of light. She stepped back startled, but before she had made up her mind to run away a voice from the cottage spoke to her, and she perceived all at once a beautiful figure, standing in the centre of the floor, clad in light flowing garments, which shone and glittered as she moved. In her hand she carried a lamp.

"I am the Spirit of Light,' she said. 'I am come in answer to the cry of the children of Ireland to stand between them and the White Demon Tuberculosis.'

So the Spirit of Light turned her lantern on to the walls of the cottage, to the floor, into the corners, on to Sheila herself, into the little bedroom, into the bed which Sheila had always thought so clean, and disclosed everywhere to her horrified sight, a terrible state of affairs, on to the dirty handkerchief of the mother who was suffering from tuberculosis. Then she opened the glass door of her lantern, and exposed the pocket handkerchief to the full rays from within. In a moment every little rod-shaped demon lay motionless and dead, and the dirty rag became snow white.

"Pure sunlight," said the fairy, "is the strongest enemy the bacillus has." Then she vanished, and the fairy of Cleanliness came and cleaned the cottage, and the fairy Nourishment showed Sheila how to prepare food, and fairy Fresh Air put up one of Dr. Marrett's shelters, and the fairies Cheerfulness and Perseverance played their part, and between them all the place was made very unpleasant for the White Demon.

The book may be obtained from Maunsel and Co., Ltd., 96, Middle Abbey Street, Dublin, price 1s. bound in cloth, or 4d. in paper.

## International News.

### THE SWEDISH NURSES' ASSOCIATION.

It is with great pleasure we announce the formation of the Swedish Nurses' Association at a meeting recently held in Stockholm, and attended by nurses from various institutions.

The meeting was opened by Sister Bertha Wellin, who said that there had for a long time been a desire amongst Swedish nurses for greater unity amongst the members of different associations and nursing institutions. The formation of the Swedish Nurses' Association (Svensk Sjuksköterske-tidning) was the realisation of this hope for unity and conciliation.

The difference in the methods and the term of training in the different schools had made a difficulty as to the definition of the standard of admission to the Association, but a set of rules drafted by a Committee formed a basis for discussion at the meeting, and these, with some alterations, were accepted.

The Governing Body of the Association, the head-quarters of which are at Stockholm, will consist of nine nurses, as follows:—

#### REPRESENTATIVES.

*The Sophia Home* (2): Sister Emmy Lindhagen and Sister Elin Linder. *The Red Cross* (2): Sister Agda Meyerson and Sister Estrid Rodhe. *Fredrika Bremerförbundet Sjukskrivningsdelningar* (2): Sister Bertha Wellin and Sister Anna Rydström. *Södra Sveriges Sjuksköterskehem* (2): Sister Thomasine Reuterskiöld and Sister Anna Ponten. *Representatives of nurses not attached to the above-mentioned institutions* (1): Sister Alma Lagerman.

#### HON. OFFICERS.

*President*: Sister Emmy Lindhagen.  
*Vice-President*: Sister Agda Meyerson.  
*Treasurer*: Sister Bertha Wellin.  
*Hon. Secretary*: Sister Estrid Rodhe.

We most cordially congratulate the Swedish Nurses on the formation of their Association. We may hope that the International Council of Nurses will have the pleasure of welcoming the Swedish Association to membership at Cologne in 1912.

#### FROM INDIA.

We are glad to note in this month's *Nursing Journal of India* it is stated that "one of the first duties of our Trained Nurses' Association will be to seek admission to the International Council of Nurses, and then to appoint four delegates to represent us on its Grand Council. By this means, if our Association includes trained nurses from all over India, we shall not only get into close touch with each other, but into connection with the nurses of the whole world."

## Nurses of Note.

MISS ELMA M. SMITH.

PRESIDENT OF THE HENDON LEAGUE.

Miss Elma M. Smith, President of the Hendon Branch of the Central London Sick Asylum Nurses' League, has held the position of Matron in the Poor Law Service for many years, first at the Infirmary in Cleveland Street, and later, when the beautiful new In-

firmary was built at Hendon by the Central London Guardians, Miss Smith was appointed Matron of the new building. It is indeed not to be wondered that she preferred the new building, spacious and convenient, set in the midst of green fields, to the more confined quarters in Cleveland Street. Miss Smith began her professional career at St. Bartholomew's Hospital, where she gained the three years' certificate of the school, remaining on afterwards as Staff Nurse. She then went to the York County Hospital as Sister, after which she held the appointment of Home Sister at the Hospital for Sick Children, Great Ormond Street, for a year, and of Assistant Matron at the Paddington Infirmary, when she was appointed Matron of the Samaritan Hospital, Nottingham. In 1892

she was appointed Matron of the Central London Sick Asylum, Cleveland Street, W., and in 1900 of the Infirmary at Hendon, the position which she still holds. In this position Miss Smith has gained for herself the reputation of an excellent Matron, an able administrator, and a good disciplinarian, and one to whom the nurses look up as kind as well as just.

Miss Smith has always taken an active interest in nursing organisation, and was one of the professional patronesses of the first Nursing Exhibition held in this country in 1896 at St. Martin's Town Hall. She was an early member of the Matrons' Council of Great Britain and Ireland, and of the Society for the State

Registration of Trained Nurses, and is also a member of the St. Bartholomew's Hospital Nurses' League. In 1907 she attended the International Congress of Nurses in Paris, and she was also present at many of the meetings of the London Congress last year. It is not surprising, therefore, that she should desire for the Nurses of the Hendon Infirmary the benefits and pleasure to be derived from their association together in a professional League, or

that they responded in large numbers to her invitation to form one. The members have done a wise as well as a graceful act in inviting Miss Smith to become their first President, and they are to be congratulated upon her acceptance of the position. She will discharge the duties of this honourable office in a way which will redound to the credit of the League, and we feel sure will inspire the members with her own spacious breadth of view.



MISS ELMA M. SMITH,  
President Hendon Branch Central London Sick  
Asylum Nurses' League.

## L'Infirmiere.

The Belgian lay nursing schools have now their own nursing journal, the first number of which has appeared this month. Amongst the Editorial Committee are Mme. Cavell; and Dr. Boulanger and Dr. Ley, who attended the International Congress of

Nurses in London last year. The journal claims that the day has gone by when it is necessary to renounce a normal life as a preliminary to nursing the sick, or when devotion alone is a sufficient qualification. It claims thorough instruction in a hospital as necessary for training, and desires to see the nursing profession in Belgium accessible to young girls, and that the servant type of attendant should disappear and be replaced by the "nurse."

The paper contains an excellent article on "The Duties of the Nurse," by Miss Cavell, Directress of the Belgian School of Nursing.

We cordially wish the new journal a prosperous career.

## Morality in Relation to Health.

The Hon. Albinia Brodrick, who is Chairman of the Section of Morality in Relation to Health of the National Council of Nurses, is forming a Committee, and the following ladies have already accepted her invitation to work on it:—Mrs. Gotto, Hon. Secretary to the Eugenics Education Society; Mrs. Wethered, Dr. H. Wilson, Miss Amy Hughes, Miss Curtis, Miss H. L. Pearce, Miss M. Burr, Miss Huhne, and Mrs. Bedford Fenwick, *ex-officio*. The date of the annual meeting of the National Council of Nurses has not yet been arranged, but Miss Brodrick will then present a report on the important work, with which her Committee will deal.

Under the auspices of the California Public Health Association a Society has been organised which is notable for the frankness of its name, and for the fact that a woman, Dr. Frances M. Greene, has been chosen as its president by the men who greatly preponderate in its membership. The organisers regarded the term "social hygiene" as too elastic, and the word "prophylaxis" as too technical and obscure for the layman, and decided to begin their campaign of education by using a perfectly definite title. The Society is therefore called the California Association for the Study and Prevention of Syphilis and Gonorrhœa; and it proposes to treat these diseases frankly as infectious, to habituate the public to hear and speak of them without embarrassment, and thus to drag them into the light where all men may know and avoid them. This is a thoroughly sensible decision.

Messrs. G. P. Putnam's Sons, 24, Bedford Street, Strand, W.C., will shortly publish Miss Lavinia L. Dock's book, "Hygiene and Morality." The book is intended primarily for nurses, and anything from her pen is assured of careful study by them. Miss Dock points out the alarming prevalence of the venereal diseases, the later ramifications for which they are often responsible, and the attempts made to restrict their activity and their virulence. She writes on behalf of the numberless innocent victims—both women and children, and shows that the attempts to control prostitution have been partial in their nature, and ill-guided, because they have unwarrantably been confined to only one of the infected sexes.

Miss Dock exposes the fallacy that prostitution is a necessary evil, and insists that it is a disgrace to civilisation, and should not be tolerated.

## Progress of State Registration.

"Nurses' Registration. Oh! bother," exclaimed a worried M.P. to whom I was speaking on the matter last week. "My dear lady, surely the Lords and the Budget are enough to distract a Member of Parliament in these times without considering the eternal feminine."

"It is just there you are wrong," I reply. "This question of Nurses' Registration is not primarily a woman's question. It is quite national in scope—indeed, international. You can't get away from it. Men must be born as well as women. Baby boys are helpless scraps of humanity, and must be cared for. The little rascals in youth suffer sickness and injury. As they grow older they take bigger risks to health than girls. As men they are not exempt from sickness, and sooner or later you are going to die—so don't forget it. Thus you require skilled nursing from birth to death, and if a high standard of National Health is to be maintained you have got to have your nurses trained, tested, supervised, encouraged, and guaranteed, just as you have by Act of Parliament protected yourself against quack doctors and chemists. And even if there is a bit of woman question about it, are we not constantly informed that our interests are safe in the hands of a male Legislature? I suppose you don't want that assertion to be taken with a grain of salt."

"Ah! I never realised all that."

"I only ask you to realise," I plead, "that the battle is to the strong. Through ignorance thousands of our poor people are feeble, maimed, halt, and blind. The well-instructed, well-trained nurse is the greatest factor in social reform you have got. Give her knowledge, give her scope, give her status. Don't pooh-pooh her wonderful work in the contemptuous manner in which women's efforts have hitherto been kept cheap. The weak in nature for ever appeals to the eternal mother. The best nurses are mothering all the time, and they only ask that their training and education shall qualify them to mother intelligently."

"Why this registration question is not only of national scope, it touches the very springs of humanity," our M.P. excitedly exclaims.

"If only I were in the House and could plead our own cause, this Bill would have been law a decade ago," I murmur with a sigh.

"Ah! now we revert to the eternal feminine," he says, smiling.

"Eliminate her—do—and have a lovely dull time," I say tartly, "but in the meantime please influence the Government to attend to



the question of National Health; it's in a parlous state, morally and physically, and quack nursing won't improve it."

"I am going to vote for your Bill, and get friends to do likewise," my new friend promises at parting.

I squeeze his hand gratefully, and just as I rip down St. Stephen's Hall I come face to face with an ardent "anti." Of course we smile.

So it goes on, "Pull devil, pull baker!" In our estimation we are *both* the baker.

E. G. F.

### The £100 Registration Fund.

	£	s.	d.
Brought forward ... ..	79	9	8
Miss W. J. Cockrane (Moscow) ...		3	6
Mrs. Hope Buswell (Mauritius) ...		2	6

#### COLLECTING CARDS.

<i>Name of Collector:</i> Miss B. Cutler.			
Collected ... ..	4	0	0
Miss B. Cutler ... ..	1	0	0
	5	0	0

<i>Name of Collector:</i> Miss H. Sherlock.			
M. H. S. ... ..		7	0
M. Milne ... ..		1	0
M. Braye ... ..		1	0
L. Berridge ... ..		1	0
	10	0	

Total ... .. £85 5 8

It is satisfactory that our £100 Fund has now reached over £85. We hope that at the Annual Meeting in May we may be able to announce that the whole £100 has been contributed.

#### THE NIGHTINGALE CEREMONIAL.

A terrible gloom will now overshadow the forthcoming meetings of the Superintendents and Nurses' National Associations in New York. The "Nightingale Ceremonial," at which an address is to be given in recognition of Miss Nightingale's Jubilee, showing the splendid results of her work in nursing and hospital, will be delivered by Mr. William Welch. An interesting exhibit of books and other things concerning her is being arranged.

#### SOMETHING ABOUT OLD SISTERS.

When we offered a prize for memories of Old Sisters we hoped for some interesting recollections. We received but few. Surely many nurses owe much to these pioneers. Next week we shall have something to say about the Sisters we worked under in the seventies—depend upon it, many were real live women full of "go" and humour.

### The Irish Nurses' Association.

Miss Macdonnell, R.R.C., President, occupied the chair at a meeting of the Irish Nurses' Association, held at 86, Lower Leeson Street, Dublin, on Friday, the 15th inst., and introduced Miss Buchanan, Poor-Law Guardian, who addressed the audience eloquently on "The Condition of the Feeble-Minded in Ireland," and showed things to be in a truly pitiable condition.

The speaker told us that the percentage had risen from 1 in every 640 in 1850 to 1 in every 187 at present date. As Miss Buchanan pointed out even allowing for badly-kept returns in 1850, and also for emigration since that date, still the enormous increase was sufficient cause for drastic measures being taken. At present the Poor-Law Guardians have no powers of compulsory detention, with the sad result that many of the feeble-minded and epileptic women return again and again through the maternity wards to the union. Is it any wonder that lunacy is on the increase?

And of the prisons; we were told that they are being filled in the same way with these poor creatures. Time after time they are committed, one poor woman, only aged 29 years, having as many as 244 offences against her. For these not wholly responsible beings would not compulsory detention after a certain number of convictions be beneficial, even if only for a certain fixed period.

Men, in the same condition, irresponsible for their actions, are wandering about, doing all the harm and wickedness they can, and periodically finding their way back to union or prison.

Miss Buchanan argues that if homes and colonies were established where these poor, afflicted creatures could be detained, and both be looked after and made to work, they would help to a very great extent to remove a great national danger. She also spoke seriously of the Temperance question, showing that County Waterford, which, according to statistics, is the most intemperate county in Ireland, has also the greatest number of insane people, and she appealed to all present to use their influence and opportunities to encourage total abstinence.

Her address was most illuminating and was greatly appreciated by all, and a warm vote of thanks was proposed by Miss Lamont, seconded by Miss Reeves, and supported by Mrs. Kildare Treacy and Miss Violet Roberts.

A. CARSON RAE.

The Irish Nurses' Association have heard with satisfaction that Mr. John Burns, President of the Local Government Board, has removed his block to the Bill for State Registration. They have no doubt that the quiet but firm stand taken by the Irish Nurses' Association, as expressed in a letter which was placed before Mr. Burns through the medium of their good friend, Mr. Wm. Field, M.P., has helped materially to this end, and we congratulate those in the forefront of the battle in London—and ourselves.

V. R.

## Cradle Splint for Use After Lymphangioplasty.

Mr. W. Sampson Handley, F.R.C.S., in the course of one of the Hunterian Lectures on the Surgery of the Lymphatic System, recently delivered by him, in which his principal theme was the surgery of dropsy, gives an example of a cradle splint, made by Messrs. Mayer and Meltzer, of Great Portland Street, W., which is here illustrated, which he uses after lymphangioplasty, by which the arm can be placed in a suitable and comfortable position. The lecturer stated that the dropsical arm acquires most of its importance from the excruciating pain which it causes—a pain which in the worst cases almost passes the limits of endurance. This pain is referred to the whole limb, and varies from a dull ache to an intolerable burning agony.

The onset of the dropsical arm of breast cancer is determined by the blocking, not merely of the main lymphatic trunks, but also of all the collateral routes about the shoulder, by which the lymph could find a passage. The pathology of brawny arm is a corollary to the permeation theory.

The permeation spreads from the breast in an ever widening circle. Until two years ago, the lecturer stated, the only treatment available for cases of dropsical arm, after elevation had ceased to produce any effect, was either amputation of the arm or the use of morphine. The readiness of patients to listen to the suggestion of amputation is the best possible proof of the intolerable agony caused by the disease. The operation of lymphangiostomy is palliative only; it has no claims to prolong life, but in favourable cases the effects are: (a) Complete relief from pain within twenty-four hours, unless the pain is partially due to some cause—such as nerve pressure—dependent of the œdema. (b) A marked and rapid fall in the tissue tension of the whole area drained by the silk threads which are buried in the subcutaneous tissues of the arm. (c)

Rapid subsidence of the swelling in the hand and forearm. (d) Return of power to the paralysed arm if the paralysis is of recent date. (e) An improvement in the general condition dependent partly on relief from pain, and its associated symptoms of insomnia and depression, and partly from the abandonment of sedatives.

The lecturer went on to say that the principal difficulties of the operation are connected with the maintenance of the silk in an aseptic condition. Owing to the large area dealt with, extending on to the back, the necessary changes in the posture of the arm, and the length of the silk threads, accidental contact may very easily occur between the silk and the surface of the skin, the edges of the incisions or surrounding objects. I regard the use of masks as essential, and the silk ends not actually dealt with at the moment must be kept wrapped in sterile gauze, which is also useful to protect them from the edges of the incisions as they are being drawn in after the probe. This method contains modifications which my experience has shown to be desirable. My object has been to simplify the operation, to reduce the number of incisions



necessary, and as a reasonable precaution to insert the threads in such a manner that they can, if necessary, be withdrawn with a minimum of trouble. All the threads can be withdrawn by reopening the two incisions just above the wrist. Fortunately I have never been obliged to do this. There is no need to fix the upper ends of the threads by knotting them together, as I formerly thought, for the silk soon becomes adherent along its whole length to the tissues in contact with it.

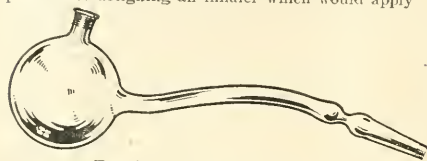
The operation of lymphangioplasty should not be applied indiscriminately, but should be reserved for the severer degrees of lymphstasis in which other modes of treatment are powerless.

The whole lecture, which is extremely interesting, is published in the *British Medical Journal* of April 9th.

## Practical Points.

### The Pipe of Peace.

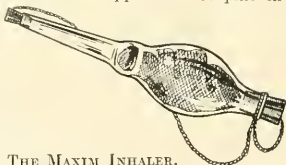
It is to the fact that Sir Hiram Maxim suffers from bronchitis, for which, after a severe attack, he sought relief at various Continental resorts, and found that the only treatment that relieved him was the inhalation treatment at Nice, that we owe the "Pipe of Peace" and the "Maxim Inhaler," for he turned his inventive genius to the study of the problem of designing an inhaler which would apply



THE "PIPE OF PEACE."

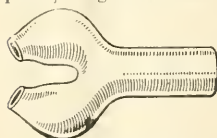
the remedy directly to the affected spot instead of medicating the inside of the mouth, and of discovering a way of treating pine essence which would have a soothing instead of an irritating effect on the throat. The defect of the ordinary inhaler is that the pine vapour which is drawn through the mouth and nostrils has a tendency to be absorbed by the first mucous surface which it reaches, and that a long course of inhalations is necessary before a sufficient quantity of vapour reaches the bronchial tubes. If the pine vapour can be made to reach the throat more directly better results can be looked for.

The "Pipe of Peace" solves the difficulty at the root of existing defects in apparatus for pine inhalation by the simple expedient of an indentation in the mouth-piece, so placed as to engage the teeth at the distance from



THE MAXIM INHALER.

the end which would convey the vapours direct to the throat. One of the recognised drawbacks to pine inhalation is the liability of the essence at the beginning of an inhalation to set up tickling of the throat and coughing. Sir Hiram Maxim has found by experimenting with the essences of two plants, indigenous to his native State of Maine—



NASAL ATTACHMENT.

in conjunction with the "Pipe of Peace" where throat and lung disorders exist, and is used for men-

thol inhalations. A nasal attachment is also supplied for use in cases of nasal and post-nasal catarrh. The whole apparatus, with the necessary supplies, costs 15s. 6d., obtainable from John Morgan Richards and Sons, Ltd., 46, Holborn Viaduct, London, E.C.

## An International Calamity.

### THE DEATH OF MRS. ROBB

It is only a few short weeks since English nurses were bereft, by the death of Miss Isla Stewart, of a true friend and a great leader, and now, with appalling suddenness, a crushing blow has fallen on the American Nursing World. A brief message flashed across the Atlantic has brought us the grievous news of the death on Friday, April 15th, of Mrs. Hampton Robb as the result of an accident.

It is impossible to express the sorrow which will be felt not only in the United States, but throughout the whole nursing world. In America Mrs. Robb was recognised leader, counsellor, and friend, in all that concerns nursing and nurses. A Canadian by birth, Miss Isabel Hampton, like so many of her countrywomen, owed her professional training to the great Bellevue Hospital in New York, and the United States gave her scope for the exercise of her genius. There is no finer position in the nursing world than that of Superintendent of the Nurse Training School at the Johns Hopkins Hospital, Baltimore, and she discharged the duties of this office with a distinction which brought honour both upon the School and upon herself. Her marriage with Dr. Hunter Robb, which took place in London, the lovely flowers which she carried on that occasion, being the gift of Miss Florence Nightingale, in no way lessened her interest in nursing. "Once a nurse always a nurse," was her motto, and she devoted herself to the furtherance of nursing organisation and of the interests of the American Society of Superintendents of Training Schools, and the Nurses' Associated Alumnae—which owed their foundation to her wise foresight—and to other public work. Destiny decreed that she should play a great part in the evolution of nursing, and, as often happens, dowered her with the qualities necessary to a leader with lavish hand. Splendidly strong, physically and mentally, capable, forceful, and magnetic, with a personality which not only charmed but commanded respect, she was able to impress others with her own strong convictions, and to carry them to fruition for the benefit of her profession in its early days, when wise guidance was of supreme importance.

Her presence in London last year as a delegate to the International Council of Nurses was a great joy to her colleagues, and it is difficult to believe that a personality of such superabundant vitality has passed away.

Isabel Hampton Robb belongs not only to America, but to the nursing world at large, which will always feel the uplifting influence of her life, revere her teaching, and keep her memory fragrant.

## Appointments.

### MATRONS.

**St. Bartholomew's Hospital, Rochester.**—Miss M. Pote Hunt has been appointed Matron. She was trained at St. Bartholomew's Hospital, London, where she has done Sister's duties, and has also had experience of private nursing. She has had training in children's nursing at the Belgrave Hospital, London, and has held the position of Sister at the Mount Vernon Hospital, Hampstead, on the Women's Corridor, and of Home Sister and Assistant Matron at the National Hospital, Queen Square, Bloomsbury.

**Union Infirmary, Shirley Warren, Southampton.**—Miss M. C. Byrne has been appointed Matron. She was trained at St. George's Infirmary, Fulham Road, S.W., where she afterwards held the position of Sister. She has also been Night Superintendent at the Infirmary, Woolwich, and Assistant Matron at the Southampton Infirmary. She is a certified midwife and certified massenge.

**Rosehill Isolation Hospital, Rawmarsh, Rotherham.**—Miss A. T. Oldham has been appointed Matron. She was trained at the Victoria Infirmary, Glasgow, and has held the position of Night Superintendent at the Greenock Infirmary, and of Matron of the Infectious Diseases Hospital for Workop.

**City of Wakefield Infectious Diseases Hospital.**—Miss B. Whitham has been appointed Matron. She was trained at the County Hospital, York, and has held the position of Matron of the Skipton and District Fever Hospital.

### MATRONS NURSE.

**Foyle Hill Infectious Diseases Hospital, Londonderry.**—Miss A. Deane has been appointed Matron Nurse. Miss Deane was trained at Sir Patrick Dun's Hospital, Dublin, where she has worked on the Private Staff for some months.

### SISTERS.

**Liverpool Stanley Hospital.**—Miss Naomi Cromie has been appointed Sister. She was trained at the Stanley Hospital, Liverpool, and has been Staff Nurse and Sister in the Out-patient Department.

**The Hospital, Bridgwater.**—Miss Violet Campbell has been appointed Sister. She was trained at the Cardiff Infirmary, where she has done Sister's holiday duty.

### HOME SISTER.

**Norfolk and Norwich Hospital, Norwich.**—Miss M. T. Salisbury has been appointed Home Sister. She was trained at St. Bartholomew's Hospital, and has held the position of Sister and Night Sister at the Hospital for Sick Children, Great Ormond Street, of Sister and Assistant Matron at the Kimberley Hospital, South Africa, and of Sister at the Cancer Hospital, London.

### NIGHT SISTER.

**Charing Cross Hospital, Strand, W.C.**—Miss Alice Allard has been appointed to the position of Night Sister. She was trained at St. Thomas' Hospital, London, and has held the following posts:—Charge Nurse Dr. F. C. Abbott's Nursing Home, Bletchingley, Surrey; and Night Sister and Ward Sister at the Royal Surrey County Hospital, Guildford. Miss Allard is also trained in maternity nursing.

**Royal Hospital, Sheffield.**—Miss M. Hollis has been appointed Night Sister. She was trained at the Sheffield Royal Hospital, and has since been Sister in the Children's Ward, and has done House-keeper's duties in the same institution. She holds the certificate of the Central Midwives' Board.

### CHARGE NURSE.

**Union Infirmary, Swansea.**—Miss B. Evans has been appointed Charge Nurse. She was trained in the Union Infirmary, Swansea.

### HEALTH VISITOR.

**Barking Urban District Council.**—Miss Maud Webster has been appointed Health Visitor, and Assistant Sanitary Inspector. She has held appointments at the West Ham Infirmary, the South-Eastern Hospital, New Cross, and the Isolation Hospital, Barking. She is also a certified midwife.

### QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Miss Maria Wright, on her retirement, is granted permission to retain the badge of Queen Alexandra's Imperial Military Nursing Service.

### QUEEN ALEXANDRA'S MILITARY NURSING SERVICE FOR INDIA.

Nursing Sister Miss Minnie Elizabeth Harvey has been promoted to be Senior Nursing Sister. Dated November 7th, 1909.

Miss Elsie Mary Fraser has been appointed to the service as Nursing Sister. Dated December 11th, 1909.

### QUEEN VICTORIA'S JUBILEE INSTITUTE

#### Transfers and Appointments.

Miss Edith M. Epps has been appointed County Superintendent in Nottinghamshire. She was trained at the Radcliffe Infirmary, Oxford, and holds the C.M.B. certificate. She received her district training at Westminster, and subsequently worked on the staff of the Plaistow Home. She was then appointed Assistant County Superintendent in Hampshire, and has since done temporary work as Assistant to the General Superintendent, and Superintendent to the South Wales Association. Miss Epps also has experience in private nursing, and worked for a time in the Military Families Hospital, Mauritius.

Miss Lucy Price has been appointed Superintendent of the Kingston Home. She was trained at the London Hospital, and was Matron of the Swanage Cottage Hospital for three years. She has also held posts of responsibility at the Brook Fever Hospital and the Plague Hospital, Maitland; she worked at the Somerset Hospital, Capetown, and has experience in private nursing. She received her district training at Brighton, and has worked as Queen's Nurse at King's Bromley, Much Hadham, Chalfont St. Peter, and Buntingford. Miss Price holds the C.M.B. certificate.

Miss Elizabeth McClymont to Kingston, as Senior Nurse; Miss Rosalie Chadwick and Miss Lilian Conlon to St. Helier, Jersey; Miss Olave English, to Peterborough; Miss Hester Dickson, to Buntingford; Miss Dorothy Bennett, to Brixton; Miss Annie Clayton, to Whickham; Miss Helen Horton, to Cambridge; Miss Marion McAlister, to Portsmouth.



## Nursing Echoes.



The Countess of Dudley is on her way back to Australia, and Miss Amy Hughes also left England on the 15th inst. on the six months' leave granted by Queen Victoria's Jubilee Institute, to help with the organisation of a scheme of District Nursing in Australia. We hope no attempt will be made to institute the cottage nurse system in Australia. The skill of district nurses required for the poor and for patients in the bush should be of "Queen's Nurse" standard. Nothing but disorganisation will result if the Australasian standards of efficiency so carefully conserved by the State Associations of Nurses are tampered with.

Mr. Harold Boulton, the Treasurer of the Institute, has also left England for Australia at the invitation of Lord and Lady Dudley, who wish for his help and advice in the promotion of the district nursing scheme. Mr. Boulton has only just returned from Canada, where he spent some time in reorganising the St. John Ambulance Brigade.

We have received from Mr. H. Dixon Kimber, the legal adviser of Miss R. Bellamy—the nurse concerned in the tragedy at the Hemel Hempstead Infirmary—a letter commenting on the reply of the President of the Local Government Board to Mr. Morton in the House of Commons in reference to this case. Mr. Burns informed Mr. Morton that he was entirely mistaken as to the facts, and that "Nurse Bellamy was responsible." After stating the circumstances, which are sufficiently well known to our readers, Mr. Kimber asks "what greater demand for a public enquiry could be needed?"

The crux of the matter is that if a definite standard of training for nurses were required by the State Nurse Bellamy would not have been placed in a position of responsibility which her training and experience had not qualified her to hold.

It is evident that for the future avoidance of such tragedies in institutions for whose efficient working a Government Department is responsible, such Departments should press for the establishment and maintenance of a definite standard of nursing education under a legally constituted authority.

We congratulate the parish of Barnet on having secured the services of so able a Guardian as Miss Henrietta J. Hawkins, who has just been appointed to that position. Miss Hawkins takes a keen interest in social problems, and is a true friend of the poor, by whom she is much loved. She is a trained nurse of many years' standing and wide experience, experience which includes a knowledge of Poor Law administration as she has held the position of Assistant Matron at the Hackney Infirmary, so that she has a practical knowledge of Poor Law methods, which will be valuable to her in her present office. She is a certified midwife, and has also a close acquaintance with the care of the insane, as she is the daughter of the late Rev. H. Hawkins, for so many years Chaplain to the Colney Hatch Asylum, the founder of the "After Care Association," to whose compassionate heart the needs of the patients discharged from Asylums strongly appealed. For some years Miss Hawkins did district midwifery in the parish of St. Saviour's, Poplar. As Ward Sister and Matron she has had much administrative experience, so that a more useful member could scarcely have been appointed to the Barnet Board of Guardians.

The new School at the "Policlinico" at Rome quite recently opened for the training of Italian probationers, has begun with a rush, and everyone has been very busy getting things into order. The triple capacity for work of Miss Dorothy Snell, Miss Amy Turton, and Miss Clay is equal to any emergency, so that ultimate success is assured for this most interesting bit of pioneer nursing. But it would appear that the large staff already engaged will have to be supplemented in a few months' time, and Mrs. Bedford Fenwick has undertaken by request to interview English nurses who feel drawn towards helping to start the School either as Sisters or nurses. Candidates must hold a certificate of three years' training. A little knowledge of Italian would be very useful, so that candidates selected on reserve might begin to learn it. Preference will be given to those who are of the Roman Catholic faith, but this is not a necessity, as a non-proselytising promise must be signed. The Committee are doing all in their power to ensure the success of the scheme, and it must be clearly understood that this institution for training Italian probationers in wards which will need patience and perseverance to reform, is a new undertaking in Italy, and entails all the difficulties which are inevitable in pioneer work. The salaries for Sisters are £42, and for

Staff Nurse £32, with uniform, washing, travelling expenses, and four weeks' holiday a year.

On Wednesday in last week a most interesting ceremony took place at the Highgate Hill Infirmary, when the annual presentation of prizes to the nurses was made by Dr. Downes, Local Government Board Inspector.

The Clerk first explained the origin of the prizes, a portion of them being from the Smalley bequest, and the others are secured through the generosity of Mrs. Leonard Marshall each year.

Dr. Downes said there was nothing more gratifying than to know how these prizes came about, and they formed a memento for time immemorial of one who was once an inmate there, and also a memento of the devoted services of a lady Guardian of Islington. He had heard it said that the Poor Law required humanising, but he considered that a trained nurse was the highest point in humanised civilisation. Poor Law advanced the lot of the poor and it was this spirit of good which imbued the nurses. Again the Poor Law never tied its probationer nurses to its own service: there was a free trade in the matter, and nurses could exercise their own free will. What the future of the Poor Law would be he did not know, but an institution of that sort, and the duties and services such as the nurses present did, would never be dispensed with, and before them lay an ever increasing sense of duty.

One of the latest additions in the offices of the Local Government Board was a lady inspector taken from a Poor Law institution and she was a great success. He concluded by wishing the nurses present success and happiness in their future careers.

Dr. Downes now presented the prizes to the successful probationers, the recipients being as follows:—

*Smalley Prizes for General Excellence.*—1st, a tie between Nurses Walpole and Callan. 2nd, Nurse Holloway. 3rd, also a tie between Nurses Andrews and Rogers.

*Mrs. Leonard Marshall's Prizes for Practical Ward Work.*—1st, Nurse Morey; 2nd, Nurse Dutton; 3rd, Nurse Graham.

*Certificates.*—Nurses Hawkins, McNab, Frost, Dutton, Swabey, Kavanagh, Graham, Mason, Patey, Wright, Stroud, Elsdon (Mildred), Artis, Fair, Toddhunter, Elsdon (Amy), Denson, Moffit, Manning, Line, Bartlett, and Snow.

Miss Little, the Matron, thanked Mrs. Marshall on behalf of the nurses, who all appreciated her kindness very much. The prizes were a great incentive to good work, and those who had received them were worthy of them.

## A Faculty of Nursing.

At the Annual meeting of the Guild of Graduates of the University of Wales, held at Aberystwyth on Saturday, Dr. Stephens, of Swansea, brought before the Guild a matter of great importance to the nursing profession, and which is calculated to have an important bearing on the future welfare of nurses.

Dr. Stephens had given notice that he would move that the Guild request the University Court to take the necessary steps to form a faculty of nursing for the conferring of degrees in the subject.

In moving his motion, the speaker said it seemed to him that such a body as the University could very well take up the question of the education, and examination of nurses, as it would raise the status of the profession, and place more value on their diploma. There was no other authority which granted these diplomas and that was all the more reason why Wales should take the lead, as it would attract a better class of person, and it would help the nurses to improve their professional prospects. At the suggestion of members, Dr. Stephens agreed to substitute "diploma" for degree.

Mr. W. J. H. Davies, M.A., pointed out that all graduates are expected to matriculate in the University of Wales, and he asked if the nurses who would work for the diploma would be of the same educational status as the women students. What particular type of nurse was it proposed to bring under the scheme?

Dr. Stephens said it would be a matter for the University. The difficulty has crossed his mind, but they could hardly expect them to pass such a stiff examination.

Dr. Chattaway, F.R.S., London, said they were all in sympathy with the proposal, but he could not help thinking it would not pass in the form in which it was brought forward. To begin with, the suggestion was not a usual one for a University, as it was entirely connected with clinical practice, and it seemed to him that the best method and procedure would be to approach the Board which controlled the question of the medical degree.

Dr. Stephens agreed to this course.

Miss Tremaine, Alexandra College, Dublin, thought it would be fatal to ask for a degree, but, as regards a diploma she agreed.

A Committee was then appointed to place the matter before the Board.

The discussion is very interesting as showing the estimation in which trained nursing is held, and the recognition of the need for systematic training.

## Some Charities in the West Riding of Yorkshire.

BY MACK ALL.

HOSPITAL FOR WOMEN AND CHILDREN  
AT LEEDS.

### II.

The Hospital for Women and Children is one of the most modern in the West Riding. Its walls of brick still keep their original colour and make a spot of brightness in a city noted for its grimy, smoke-coloured buildings.

From a distance the hospital has the appearance of being wedge-shaped. A carriage

trasting colours. On walls, mantelpiece, tables, and even on the floor and couch there were pictures, and prints of world-famed pictures. There were well-filled book-shelves that showed a catholic taste.

Probably the thing that impressed one most was the profusion of plants and flowers. One side of the room has a bay made by three windows. Around these windows were plants and bulbs, the latter giving an almost immediate promise of bloom. Sacred lilies and other pot plants were in full blossom.

The heating was done by a fire in a wide tiled hearth. The contrast between the dirty, half-melted snow outside and the room, with



The Matron and the Nursing Staff.

drive leads from a quiet street to the main entrance. This gives the idea of space, though the hospital is surrounded by houses; the General Infirmary and Town Hall are a few hundred yards away.

The first impression on entering the building is one of harmonious colouring and coolness. The floors of both corridors and wards are of tessellated marble, and the walls are painted a soft pale green.

The first apartment visited was the sitting-room of Miss Wreford, the Matron. In the light of a winter afternoon it looked a picture of cosiness and comfort.

The walls are of green of a darker shade than the corridors, and relieved by a dado in con-

its soft artistic colouring and sweet smelling flowers, was very striking.

The hospital has accommodation for fifty-six patients. Two large wards contain twenty beds each. All the windows are double, and in the wards radiators are fitted in every second window.

At the present time the heating is done very satisfactorily by four ventilated stoves in each ward. This form of warming the wards is appreciated by the patients, who have a prejudice against hot-water pipes and radiators.

The wards are all lofty and lit by numerous electric bulbs. The two principal wards are 100 feet long and 20 feet wide. In these the beds are placed between the windows. There

are no corners anywhere. This hospital, which was only built six years ago, seems to have all the modern improvements.

The tables in the centre of the wards are decorated with cut flowers and pot plants. The necessary equipments to a surgical ward are kept well out of sight.

The hospital is intended for diseases peculiar to women, and the cases in the large wards are nearly all those of gynecological operations. There is one small maternity ward of five beds in charge of a Staff Nurse. This ward is generally occupied by women sent in by doctors in Leeds, and there is a large percentage of abnormal cases. The nurses have training in monthly nursing here, but not midwifery.

The children's ward is bright and rather small. The cases admitted to it are little girls or boys suffering from medical diseases; no surgical cases are treated. Boys over six years are not admitted to the hospital either as in or outdoor patients.

Most of the patients in the hospital are drawn from the large outdoor department, which is open every day except Saturday and Sunday, and quite free.

There are two resident surgeons, one of whom is generally a lady. The patients seem grateful for a doctor of their own sex. The honorary staff consists of six physicians and surgeons, most of them well known in the West Riding as specialists.

The nursing staff are four Sisters, six Staff Nurses, and six probationers. Sisters and Staff Nurses have had three years' training in general nursing.

The training for probationers is one year; afterwards most of them go to general hospitals for their three years' course.

The hospital is intended for acute cases, the patients staying from three to four weeks after operations. The training and experience for nurses in the care of cases of abdominal surgery is very good.

The Nurses' Home is in what was once the old hospital; it is, therefore, not so convenient in some ways as a house built for the purpose. Each Sister has a bedroom to herself. A large room is shared by three nurses. The Matron's sitting-room also belonged originally to the hospital, which accounts for its size.

Miss Wreford is the most up-to-date of modern working women. She is keenly interested in philanthropic work outside the hospital, and in all that makes for beauty and the betterment of the race. In the same hour she will discuss eugenics and "the poetry of a beautiful building"; she talks equally well on the news of the nursing world and the result of the General Election, and she believes

that a nurse's outlook should be wide enough to make her take an interest in present-day politics and all affairs of State.

On the Committee of the Women's and Children's Hospital are some of the most philanthropic people in Leeds. Perhaps there is no more useful person connected with the hospital than the Secretary and Collector, Mr. George Blackwell.

One left the Women's and Children's Hospital feeling grateful to science for its wonderful alleviation of suffering. At the same time there was a thought at the back of one's mind that this beautiful institution and the £1,000 that it costs annually would not be needed if the public, and especially the patients in its wards, once grasped the idea that it was more logical to preserve health than to restore it.

### Snooks: Sketched from Life.

His right name is Alexander, and anyone more belying the name (which at once to our minds suggests greatness and strength) it would be difficult to imagine. He was a patient in one of the city hospitals, a victim of hip-joint disease, aged 13, very undersized, with bent back, arms, and legs like spindles, and the most angelic countenance in the world. This had wrought havoc in the hearts of the Sister and nurses of the ward to such an extent that, when the fiat went forth that Snooks must return to his home, they were led to specially interest a lady visitor in him, who promised to see what could be done.

This lady knew of our little hospital in the country, and after some preliminaries we agreed to receive Snooks for a short time, to see if change of air would improve his condition.

The hospital doctor, when writing giving the history of the case, had mentioned casually that the cognomen of Snooks had been bestowed by a facetious junior medico.

Home to Snooks just spelled neglect. His most vivid impression of it was of being shut in alone with the baby for hours together; almost all the kindness he remembered he had received from strangers, so that his nature opened readily to them, and his frankness won all hearts.

I went to meet Snooks at the station, and found him lying full length on the carriage seat, a label pinned conspicuously on his chest, bearing the words: "Snooks.—This side up, with care," put there by the nurse who had prepared him for the journey.

This joke was Snooks' great asset; he was never tired of retailing it to everyone with whom he came in contact afterwards.

Snooks was our only stranger; the other patients belonged to the neighbourhood, so had their friends in on visiting days; but Snooks claimed them all as his property, too; and, between them all, he was in danger of getting thoroughly spoiled.

He had arrived with a purse "containing twopence" (and felt a veritable Croesus), but pennies,



and sometimes threepenny-bits and sixpences, rolled in to such an extent that in a few weeks his riches had accumulated to the amount of sixteen shillings.

Saving was just a mania with him at that time; his chief diversion was counting his money, and this was done surreptitiously, as he had earned the name of miser, a title he didn't appreciate. Happily this phase didn't last. A boy in the same ward gloried in the possession of a Waterbury Watch; Snooks looked long and lovingly at his board, but the desire to possess a like timepiece was too great, and well—frugality flew to the winds.

He had hitherto been loth to part with the price of a stamp to send a letter home; but a new and generous spirit had entered in, and during one of its impulses he sent a postal order for 6s. to his father, because the last home letter had told of sickness and loss of work.

Country life was a totally new experience to Snooks. Everything that could fly, walk, or crawl was a terror to him; many times his screams sent us palpitating to the ward, only to find him agitated over an inoffensive blue-bottle fly or bee which was buzzing in his vicinity.

But in the bright days, when he was carried out into the sunshine, matters were much worse. What with keeping the tail of one eye on some Highland cattle a distance of a whole field away, watching some sheep which occasionally glanced at him through the fence, and keeping on the alert for all forms of insect life, he was kept occupied, and despite all our endeavours to give him confidence, didn't get half the pleasure out of his surroundings that we wished for him.

Three years later—Snooks is still with us; his angelic countenance is gradually changing into a wizened, old look; he hasn't grown an inch; therefore the face looks the more weird, joined to the deformed little body. Had he lacked attention, probably the little life would have been ended long since, and one wonders if it wouldn't have been the happiest thing for him.

His intelligence is on a par with his size; it hasn't developed with his years, so that under no circumstances could he ever be anything but a charge to others. Poor wee man! his relatives have never expressed a wish to have him back, and we haven't the heart to send him. Patients come and go, but Snooks remains. What with periodical cleanings and re-arrangings, he has occupied nearly all our beds, and cots, too (for he is pitifully accommodating as to size), but I expect as long as he needs it we shall always manage to find a corner in the wards as well as in our hearts for Snooks.

MARY DAY.

#### A DISPLAY OF NURSING REQUISITES.

Messrs. Garrould have this year taken additional space in the Midwifery and Nursing Exhibition, to enable them to make a greater display of surgical instruments and nursing requisites. Among the novelties they will show some very handy wallets and District Nurses' bags; also a very convenient aseptic midwife's outfit in a square metal case, containing steriliser, douche, syringe, forceps, catheter, scissors, bottles, dredger,

vaginal pipes, nail brushes, etc., in fact every requisite for the midwife. The new zymotic face protector (Garrould's patent, which has been favourably reviewed) will also be exhibited. Another section will be devoted entirely to nurses' uniforms, etc.

The model nurseries will again be one of the features, and Messrs. Garrould have again been entrusted with the task of fitting up a day and a night nursery. The walls will be tastefully decorated, the dado representing nursery rhymes. The very latest and up-to-date furniture will be shown in these rooms—cots, baths, food heaters, thermos flasks, electric call bells, etc. A nurse will be in attendance, and has kindly consented to give all information with regard to the exhibits. This section will be very interesting to all nurses visiting the Exhibition.

#### APPARATUS FOR STERILISING MILK.

A convenient apparatus for sterilising milk and other infants' food is Dr. Soxhlet's Feeding Apparatus, which is made in accordance with the directions of its inventor, an eminent professor in Bavaria, after whom it is named. It is supplied in this country through chemists and stores, or direct from the Central Dépôt, Reitmeyer and Co., 63, Crutched Friars, E.C. The simplest form of apparatus consists of a metal saucepan with a frame for bottles; ten bottles each holding 150 grammes, 12 india-rubber discs, 10 metal caps or sockets, and 2 nipples. The cost of this apparatus is 10s. With its assistance the food required for an infant for a whole day, or longer, can be prepared at once or kept without any fear of contamination. Provided the instructions are carefully followed the food in the bottles is absolutely sterilised, and remains fresh and ready for use. The india-rubber disc which seals a bottle is removed when required, and the nipple attached, and the food immediately given to the child.

#### PLASMON.

The value of the administration of phosphorus in an assimilable form has long been known to the medical profession, but a vehicle by which means it can be administered is not easy to find. A medical contemporary draws attention to the value of Plasmon (supplied by the International Plasmon Ltd., 66a, Farringdon Street, London, E.C.), as a source of phosphorus. Plasmon is a preparation of the casein of milk, containing rather over 80 per cent. of pure protein, but its considerable content of phosphorus, in the form of combination in which this exists in milk, is perhaps less generally recognised. The amount of phosphorus in Plasmon proved, on analysis, to be equivalent to 2.66 per cent. of anhydrous phosphoric acid ( $P_2O_5$ ). The various preparations made with Plasmon—Plasmon oats, Plasmon cocoa, beef Plasmon, Plasmon arrowroot, custard powder, and blanc-mange—all contain Plasmon in varying amounts. We have much pleasure in directing the attention of our readers to the value of the phosphorus contained in Plasmon. We have no doubt that the Plasmon preparations are already well known to, and popular with, them.

## Our Foreign Letter.

## FROM SYRIA.

"May I reach  
That purest heaven, he to other souls  
The cup of strength in some great agony,  
Enkindle generous ardour, feed pure love,  
Be the sweet presence of a good diffused,  
And in diffusion ever more intense!  
So shall I join the choir invisible  
Whose music is the gladness of the world."

GEORGE ELIOT.

## MORPHINISM.

Since I last wrote to readers of "The Journal," I have, to use a Onida-ish expression, been "up to my eyebrows" in work. The wards have been so full that in a few cases we were obliged, much against all rule and wish, to "head and tail" the children. Many of the patients were very ill, and needed constant attention, these cases being chiefly typhoid, typho-malarial, nephritis, pneumonia, a number of surgical cases, and a morphinist, for whom the eyes of Argus were required, so difficult was it to keep pace with this wily patient. One has read much of the practice of hashesh and opium smoking in the East, but I do not think it is universally known to what extent the hypodermic injection of morphine is used by Orientals. Sometimes it is simply for toothache or some other small but trying worry, and sometimes to help them through those protracted fasts, that of Ramadan, for instance, which lasts one month, and of others, the tedium of which we Westerners have but small idea. I have been told that in Syria the practice of morphia injections was first started by a Persian quack, who learnt the custom in England. For a long time he always administered the injection himself, telling his numerous patients he had a cure for every pain. At last his clientele became so large he taught his patients to use the syringe for themselves, and to-day it is a common occurrence to see even Mohammedan and, I believe, Jewish women sitting in a chemist's shop "trying the needles." Only the other day an instance of this sort came under my own immediate notice. I was in the town buying several things for my wards, and on entering a druggist's shop I saw, to my horror, a veiled woman sitting by the counter trying different hypodermic needles on her arm, which from shoulder to wrist bore innumerable marks of this depraved habit. I remonstrated in French with the man who was serving her. He replied, "What can I do? I detest to sell this drug, but if I refuse she will go elsewhere. The habit is formed since a long time. She wants a new needle, and is trying which suits her best. She is a Jewess married to a Moslem. Her only cure is to go into hospital!" But to return to the young Turkish soldier, the morphinist, who has been in hospital under treatment for over five months. He is nearly well now, but what a fight we have had, for although at times such a pleasant, intelligent boy, he was certainly *passe-maitre dans l'art de la ruse*. The day he was admitted he was in a most precarious state, and looked just a total wreck of a man; he was

accompanied by his mother, a widow, who was weeping bitterly at the condition of her only son; she assured us that he wasn't always like this, so ill and untidy and dirty, only since he became a soldier, and owing to the long and dreary marches in all sorts of weather, through burning heat or drenching rain, the weary trudge must be accomplished, he had suffered much from fatigue and repeated attacks of malaria, and had "lost the power to sleep." A comrade had shown him the use of this "wonderful medicine," and so he had accustomed himself to this pernicious habit, and had become a confirmed morphinist. From two to three grains a day he rapidly increased the dose, and was at the time of admission to hospital himself injecting 27 grains in 24 hours. Sometimes the needle was not withdrawn from the arm, but left in place while the piston was refilled by his devoted mother with a further dose, and readjusted, so that the patient was continuously under the control of this most dangerous, and in many cases, demoralising drug, while his own sense of self-control was lost. His condition can only be described as abject. Though only 22 years of age he looked much older; he was painfully thin, his face of a sallow, lustreless hue, with that hopeless, dejected expression so common in morphinists. At first the doctors thought a sudden withdrawal of this drug would be advisable in Rasheed's case, but it was found impossible, as only a few hours after admission there were signs of collapse, and so one-tenth of the accustomed dose was given, and the patient's bedside never left night or day for the first week, and for many weeks after this one and all of us had to be like sentinels on the watch, never knowing for one minute to another what might happen, for our young Turk was still in a most critical condition. At one period the diarrhoea was so excessive that the question of diet became a serious difficulty; this, however, was soothed by large injections of hot water (100 degs. to 105 degs.). The digestion was very much impaired, but this was improved by gentle massage. The case all through was one needing the most infinite patience, so many "ups" and "downs"; one day we would feel quite encouraged at Rasheed's progress, and the next at our wits' end when complete collapse would seem inevitable. This was combated by caffeine, that most useful of all drugs in cases of syncope. Every day the dose of morphia was being lessened, and the doctors hoped very soon to reduce it to water only, still the progress was very slow in spite of all that was done for the patient.

Im Rasheed came every day to see her son and often brought him a dish she had made with her own hands for his dinner; generally it was some favourite *tahieb*\* such as Rasheed's soul loved. Never shall I forget the day *Tahieb*, the faithful ward-servant, came to me and said, "Oh, lady, see what I find! No wonder Rasheed is still consumed with morphia." He held in his hands a plate of steaming hot *tahieb*, with another plate on the top of it. "Well, *Habeeb*," I replied, "what's the matter with that? Didn't Im Rasheed

\* *Tahieb*: cooked stuff, generally rice and meat, tomatoes, etc.

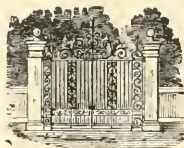
bring it herself? It's sure to be good, for she cooks so well." "But look well at it, lady," said Habeeb. And I looked well and saw something that appeared like a piece of paper sticking out at one side of the piled up steaming food. I drew it out and examined it, and what do you think I found? Wrapped up in this paper was a hypodermic syringe charged and ready for use! And this had been a daily occurrence for some time. No wonder Rasheed made but little progress! The mother was called and soundly rated by one of the doctors, which she richly deserved, and was not allowed to visit her son for a fortnight. She vowed she would not bring the syringe again if only permission were granted to see her dear Rasheed, but the doctors remained obdurate, and threatened to send the lad home without further treatment if his mother made any attempt to see him without permission from them. And now we felt how we had been duped, not knowing what quantity of morphine had been conveyed to Rasheed with his dinner every day, the task of reducing the supposed quantity was indeed a difficult one. The following Sunday, three days after this discovery, Rasheed sprang from his bed, and paced up and down the wards like a raving maniac, rowing he would break open the door of the dispensary to get his favourite dowa (medicine). He was in a state of tremulous excitement, shaking from head to foot, deathly pale and perspiring profusely. Habeeb coaxed him back to bed, covered him with warm blankets, and an injection of black coffee was given per rectum, and 30 grs. of bromide, which calmed his nerves. Presently he fell asleep, for which we were thankful. Oh, the weeks of anxiety that followed! I do not remember any previous case requiring such continual vigilance, care, and tact. Other drugs, besides bromide, were tried, but, as is well known in all these cases, whatever their value, the importance of food and massage is far greater. Once again the morphia injection was reduced to 3 grs. daily, and there was no doubt now that Rasheed was really doing well: his appetite was getting towards the normal, massage was given twice every day, which did wonders for him, and to-day, after 5 months in hospital, he is having ordinary diet, no hypo. injections (the last hypo. inject. of water only was given a fortnight ago), and goes about the wards and in the gardens "clothed and in his right mind." Everyone is getting very fond of him, he has such pleasant manners, and is so helpful with the other patients. He has just finished his share of a beautiful big screen which has been re-covered with pictures, leather fittings, and little brass nails; he has clever fingers, and is most useful. His dear old mother came to see him to-day, and to ask forgiveness for having retarded her son's progress, also to ask us to turn the syringe she brought with his tabieeh. We assured her that was done long ago!

Dear Nurses, any of you who may read this little story, do pray God fervently with me, "To comfort and help the weak-hearted, and to strengthen such as do stand," and in your prayers please include Rasheed.

SISTER MARIE.

## Outside the Gates.

### WOMEN'S WORK AT THE JAPAN-BRITISH EXHIBITION.



In a few days another splendid exhibition will open its gates at Shepherd's Bush, and all the lovely wonders of Japan will be on view. In connection with it an interesting Women's Congress on "Aspects of their Work" is being organised. Under the chairmanship of Lady Strachey, "Women in Local Government" will be discussed on June 6th, and on the 8th, experts will consider "University Standards in Home Science." On June 9th the session will be given over to "Women's Suffrage," with Mrs. Fawcett, Lady Frances Balfour, and Lady McLaren to the fore. "National Health" will come in for consideration on June 10th, and the following interesting speakers will take part: "Industrial Treatment and Tuberculosis," Dr. Jane Walker; "Inspection of Children in Secondary Schools," Dr. Tshaykovsky; "Inspection of Children in Elementary Schools," Dr. Corthorne; "Infant Mortality," Mrs. Scharlieb; "Examination of Defective Children," Mrs. Dickinson Berry. June 11th will be a specially interesting conference to nurses, under the chairmanship of the Duchess of Montrose. It will open with addresses on "Red Cross Organisation" and "Territorial Nursing," by Sir Frederick Treves and Miss Haldane, after which Mrs. Bedford Fenwick will speak on "Nursing as a Profession for Women," Lady Hermione Blackwood on "District Nursing," and Miss H. L. Pearce on "The Social Service Nurse."

Lady Henry Bentinck will preside on July 4th, when a long list of experts will speak on "Technical Training of Women and Girls." At this session Miss Adler, L.C.C., brings forward "Evening Classes for Women," Mrs. Creighton "Domestic Economy," and Mrs. Despard "Consultations for Mothers."

"Women in Horticulture," on July 5th, promises to be immensely interesting. The Viscountess Falmouth will be in the chair, and the subjects are legion. "Lady Gardeners," "Lady Gardeners for the Colonies," "Landscape Gardening," "Jobbing Gardening," "American Landscape Gardening," "French Gardening," "Market Gardening," and "Lady Florists."

"Women in Agriculture," July 6th, will bring forth papers on "Lady Farmers," "Bee Keeping," "Poultry Keeping," and "Dairying." Mrs. Sidney Webb will attract a large audience to consider "Women and the Fight Against Destitution" on July 7th. No doubt there will be some fine speaking on "Women in Philanthropy." Lady Henry Somerset on "Temperance" can fill any hall; then "Children's Play Centres," and Work amongst Soldiers, Sailors, and in Prisons and Factories will be sure to attract. On July 9th, the closing day of the Women's Congress, "Physical Training for Teachers" comes under consideration.



WOMEN AS CITIZENS.

On May 28th a great and dignified procession of women is to march through London to the Albert Hall to show how numerous and how representative are the women who are now asking their share in the work of citizenship. All classes are to be represented, women doctors, graduates, writers, actresses, and so on, and it is hoped that there will be a strong nurses' contingent. Some well-known matrons and nurses have already arranged to take part, and all are cordially invited to join the procession, which will form up on Victoria Embankment, Charing Cross, at 2 o'clock. Nurses may wear uniform or not as they wish, and, of course, they come as individual women and not as representing any particular hospital or society. Further information as to the nurses' contingent can be had from Miss Buckley, W.S.P.U., 4, Clement's Inn, W.C.

THE SUPERFLUOUS SEX.

To facilitate the emigration of our terrible superfluity of women a Committee of Colonial Intelligence for Educated Women has been formed. It is proposed to establish in each colony an agency which will investigate local needs. In a public appeal it is stated: "In nursing, in teaching, in clerical work, and in a score of other activities, the Colonies report that there is a need of women's assistance." This may be so, but from nurses in most of our Colonies we hear that all the best paid posts can easily be filled from training schools on the spot. What is wanted is domestic labour, and such labour as our domestic class are not called upon to do at home. Before emigrating to a colony women should put just this one question: "Have women votes there?" and if they have not let them avoid it at all costs. Where men deny the vote to women they deny equal industrial chances and equal pay, and there is no need to emigrate to provide cheap white labour for the inevitable exploiter. And don't forget that the now iniquitous Constitution just granted to United South Africa enfranchises coloured men and excludes white women from citizenship!

THE HIGHWAY OF THE SUN

A small book of verses, "The Highway of the Sun (and Other Verses)," by Miss Lina Mollett—sister of our Miss Mollett—has just been published, and may be obtained from Mr. E. H. Blakeley, 11, Adam Street, Strand, W.C. Its dainty brown and gold cover encloses many beautiful little poems, from which we quote one. We should advise our readers to secure the booklet, price 1s. post free, without delay.

THE KEY.

That is the joy of life:

To work, to strive, and to run,  
To pass without rest from the strife,  
When the task is done.

Let me live without fear,  
Holding a toil of my own,  
Seeing a duty each morn shows clear  
For that day alone!

Book of the Week.

ACCORDING TO MARIA.\*

"According to Maria" is a book whose frank aim is to amuse, and it succeeds. If you find yourself taking life too seriously, take up Maria, and you will smile, against your will perhaps, but you will certainly smile, and probably your companion in the other armchair (Maria needs an armchair) will inquire with thinly-veiled annoyance what you are laughing at.

Maria always comes out top, for, as we are told on the opening page, she has no sense of humour, which, according to the law of compensation, saves her the corresponding amount of pain.

"Still, in spite of being a philosopher, she confessed to me that one of the greatest obstacles in her social career was the name Samuel had bestowed on her in the Wesleyan Chapel in Brixton-Smith. Indeed, she never ceased pointing out to him that Smith is an impossible name with which to aspire, and when that is further handicapped by retail groceries, she felt the burden too much for her."

"In a way Samuel had himself constructed the rod that so often smote him, for he had once unluckily told Maria that Mr. Hicks had that wonderful combination, a wholesale soul and a retail eye, and Maria, who took no interest in Mr. Hicks's soul or his eye, treasured this remark in order to reproach Samuel when she was cross, with having a retail soul as well as a retail eye."

"Before she died, she said, with considerable pathos, she wanted to think of him, not as a grocer, but as a managing director, and groceries, when conducted in a superior limited liability company way, do not prevent anyone from mingling with the noblest in the land, as he would know if he read the *Morning Post*. . . . Years after, Samuel described to me with a shudder the awful summer when Maria took him to Switzerland. He couldn't begin to say how he hated it."

They meet there two Americans, who were "going to London to discover their coat of arms," and much annoyed Maria by insisting on seeing Samuel's. "But Maria told them with much presence of mind they had left it at home."

However, she perseveringly ascends the social scale, and no sooner is she settled in Clapham than Diana is sent to a select day school. "But unfortunately the little Church of England pupils would not play with her because it was rumoured she was a little dissenter; indeed, it was for this theological reason that they pinched her."

Samuel, however, was quite willing to go to the Established Church when he recognised its broad spirit. As a Wesleyan, his chapel-going had been an uncompromising function, and on Sunday morning "he realised for the first time the comfort of going to a Church to which he was not obliged to go."

Samuel, though he is "so tired of moving," finds himself by and by in West Kensington, for

By Mrs. John Lane. (John Lane, The Bodley Head, London).



Maria did not know there is "only one Kensington by Divine right." "A Kensington which shivers at the thought of plush, and has probably never heard of Tottenham Court Road." Now, in the last-named thoroughfare poor Maria's soul is vexed to discover whether she prefers Chippendale to New Art.

"I can't imagine, she said, thoughtfully, why everything that is hard is high art. When furniture is comfortable, it is not high art. I can tell it by that."

Diana is a great anxiety to her; she is fat, and writes poetry. "You know she has been a trial to me ever since she was baptised. I expected, at least, she would be thin, but to call her Diana, and have her grow stouter and stouter. Isn't it awful? . . . I only wish I could convince her what a drawback it is to a girl to look too intelligent. Men are so afraid of intelligent girls; that is the reason, I suppose, that the women who want to vote are mostly unmarried or widows."

"I daresay," and Maria propounded this as an unanswerable theological argument, "that's the way the world will end. All the women will vote, and then the men will be afraid to marry them, and so by and by that will be the end of it."

H. H.

#### COMING EVENTS.

*April 22nd.*—Society for the State Registration of Nurses: Meeting of Executive Committee, 431, Oxford Street, 4 p.m.

*April 22nd.*—Matrons' Council of Great Britain and Ireland. Valedictory on the late President by Miss Mollett, 431, Oxford Street, London, W. 5 p.m.

*April 23rd.*—Nurses' Missionary League. The Eighth Annual Conference and Meeting, University Hall, Gordon Square, London, W.C., 10 a.m. to 9.30 p.m.

*April 26th.*—Guy's Hospital, S.E. Post Graduate Lectures. "Recent Surgery." By E. C. Hughes, Esq., M.C. Nurses' Home, 8 p.m.

*April 27th to 30th.*—Third Annual Nursing and Midwifery Exhibition and Conference, Royal Horticultural Hall, Vincent Square, Westminster, S.W. 12 to 9 p.m.

*April 28th.*—Examination of Central Midwives Board at the Examination Hall, Victoria Embankment, W.C. The Oral Examination follows a few days later.

*April 28th.*—Union of Midwives. A Musical Entertainment, Cavendish Rooms, Mortimer Street, Regent Street, W. 7.30 p.m.

*April 29th.*—Guy's Hospital Nurses' League. Annual Meeting and second Annual Dinner. Nurses' Home, 7 p.m.

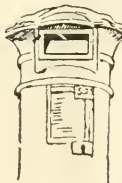
*April 30th.*—Meeting to consider Memorial to Miss Isla Stewart, Clinical Lecture Theatre, St. Bartholomew's Hospital, E.C. 3 p.m.

#### WORDS FOR THE WEEK.

Had the "old man" never failed in his obligations there would never have been the "new woman."

ELLA WHEELER WILCOX.

## Letters to the Editor.



*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in any way hold ourselves responsible for the opinions expressed by our correspondents.*

#### THE TEACHING OF NURSING BY NURSES.

*To the Editor of the "British Journal of Nursing."*

DEAR MADAM,—I have read with interest the correspondence in your valuable paper on nurses giving the nursing lectures to the women of the voluntary aid detachments. The objection that nurses have not time does not hold good however in the case of nurses on the staff of County Councils, whose sole duty it is to teach nursing, first aid, hygiene, etc., and to coach students for the County Council examinations. The Surrey County Council's examination standard is undoubtedly a higher one than is that of the St. John's, while the Council's lecture courses are nearly always twice and frequently three times the duration of those of the latter. The St. John's lecturers, though, of course, excellent as doctors, are in many cases men who have little knowledge, if any, of teaching, and it is a common occurrence for holders of the St. John's certificates to apply to members of the County Council Staff for *real instruction* in the subjects (first aid and nursing) for which they already hold certificates. Recently, in trying to enrol County Council certificate holders in a V.A.D. Corps, I was told that no certificate but a St. John's or St. Andrew's would be accepted, and the candidates were requested to attend at least four out of five lectures which would be given by a St. John's lecturer, and to pass the St. John's examination before they could be enrolled. Is it not strange that four lessons should be considered sufficient to qualify a student in first aid? and yet this is the amount of instruction offered by the St. John's Association to non-County Council certificate holders before they can be accepted as members of the V.A.D. I may add that the Surrey County Council offered to submit their students to examination by a St. John's examiner, but this was refused.

I am,

Faithfully yours,

M. STAPYLTON

*(Lecturer on the Staff of the S.C.C.).*

20, Mortlake Road, Kew, Surrey.

*To the Editor of the "British Journal of Nursing."*

DEAR MADAM,—Your correspondent, Miss Elizabeth Brunning, is, as you justly say, not a trained nurse; therefore I consider her opinion in regard to medical men *versus* trained nurses as teachers of nursing does not carry much weight. It might interest her to know that every trained nurse is not always nursing the sick, as she seems to imagine. There are many nurses well qualified for teaching, who through various causes are not

actively engaged in nursing work. Also my friend, who has been attending the lectures quoted, is most keenly interested in the work, and as keenly resents the extremely poor teaching, if it can be given that name.

I am not aware that I said anything disparaging of the St. John Ambulance Brigade; and if your correspondent will re-read my letter she will see that I acknowledge the good work done by their many lecturers.

But I am still of the opinion that a thoroughly trained nurse, who has been accustomed to teaching, is much better qualified to teach practical nursing than the most expert surgeon or physician. As regard to the work in question being voluntary, I think good expert work, whether teaching or not, is worth paying for.

May I ask Miss Elizabeth Brunning, as all the St. John Ambulance lecturers are such perfect teachers, why have they required her assistance at their classes? I have often heard of these gentlemen teaching nursing and requiring a nurse to demonstrate the practical points, such as bed-making, etc. Surely if you cannot do a thing yourself, it is unwise to undertake to attempt to teach it to others.

I cannot but think if your correspondent were to go into hospital for training as a nurse, she would quickly alter her opinion in regard to this subject.

Whilst I am writing on this subject I would like to know if an examination consisting of eight questions, five written and three oral, is, in your correspondent's opinion, a sufficient test of the amount of information gained during a course of six lectures, especially when it may mean life or death for a suffering human being?

With apologies for the length of my letter,

I remain,

Dear Madam.

Yours faithfully,

MARY BURR.

The Chestnuts, Elford. Topsham, S. Devon.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—I beg to draw your attention to my letter, dated 7th April, 1910, which was addressed to Miss Eden, appearing in the current issue of the BRITISH JOURNAL OF NURSING, and to point out that the statement made therein—viz., "That no exception can be made to the fundamental rule of this Association that the lectures in "First Aid" and "Home Nursing" should be given by qualified members of the nursing profession," is incorrectly quoted, no doubt through a printer's error. In the said letter I distinctly stated "Medical profession" and not "Nursing profession."

Yours faithfully,

P. G. DARVIL-SMITH.

Assistant Secretary, Territorial Branch.

St. John Ambulance Association.

St. John's Gate, E.C.

[In the copy of Mr. Darvil-Smith's letter, sent to us for publication, which appeared last week, "nursing" was written instead of "medical." The mistake was not a printer's error. The letter was in reply to a suggestion made by Miss Eden, that

"First Aid" and "Nursing" lectures might be given by nurses. Mr. Darvil-Smith stated that it was a fundamental rule of the St. John Ambulance Association that they should be given by "qualified members of the medical profession." We hope this rule may be revised at an early date.—Ed.]

#### RE REGISTRATION BILL.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—In 1906 I became a member of the Society for the State Registration of Trained Nurses, and have read with the greatest care each detail of the proposed Bill.

While heartily approving the progressive and protective nature of the Bill, I venture to suggest that many nurses will be disappointed that no Government protection is afforded to the uniform of a trained nurse. Would it not be possible to insert a clause *protecting the uniform prescribed by training schools under their respective sections?* At present the nurse's uniform is subject to misappropriations of many detrimental descriptions.

Also, is it not feasible to apply *legal restrictions to unqualified enterprise in the matter of nursing homes?* The latter consideration is responsible for serious harm to the profession and its repute.

I trouble you only from a sense of necessity.

Yours faithfully,

MILDRED PALMER.

Slough.

[Many nurses feel strongly that uniform ought to be protected. This could not be done in a Registration Bill, and is a very difficult question, as the variety worn in hospitals is infinite. No doubt a Bill for licensing and inspecting nursing homes will some day be passed, when Parliament finds time for the consideration of questions of social reform. Those homes which are well conducted are greatly injured by being classed with those which are not.—Ed.]

### Comments and Replies.

Miss S. Biddulph-Pinchard, Henley-on-Thames.  
—Apply to the Matron-in-Chief, War Office, Whitehall, London, S.W., for information.

### Notice.

#### THE SOCIETY FOR THE STATE REGISTRATION OF TRAINED NURSES.

Those desirous of helping on the important movement of this Society to obtain an Act providing for the Legal Registration of Trained Nurses can obtain all information concerning the Society and its work from the Hon. Secretary, 431, Oxford Street, London, W.

No habitual reader of this journal can, we feel sure, be content to stand aside and let others found the future Profession of Nursing. Now is the time to help.

#### OUR PUZZLE PRIZE.

Rules for competing for the Pictorial Puzzle Prize will be found on Advertisement page xvi.

# The Midwife.

## The Midwifery and Nursing Exhibition.

The third Annual Midwifery and Nursing Exhibition and Conference, which last year was held at the Grafton Galleries, will this year be held at the Royal Horticultural Hall, Vincent Square, Westminster, from Wednesday, April 27th, to Saturday, April 30th.

### OPENING CEREMONY.

The Opening Ceremony will be performed on Wednesday, April 27th, at 12.30 p.m., by her Royal Highness Princess Christian of Schleswig Holstein, who will be supported by the Committee.

### THE CONFERENCE.

Wednesday, April 27th, 2—5 p.m. Chairman, F. H. Champneys, Esq., M.D.

- (a) *The Living Wage for Midwives in Rural Districts.* The Poor Mother: Miss Lucy Robinson.
- (b) *The Combined Duties of District Nurses and Midwives.* Miss Macqueen, Q.V.J.L., Nursing Superintendent for England.

Discussion opened by the Hon. Lady Acland.

- The Prevention of Infantile Blindness.* A. Nimmo Walker, Esq., M.B. Discussion opened by Miss Blomfield, Matron of Queen Charlotte's Hospital.

- The Report of the Departmental Committee Appointed to Consider the Working of the Midwives' Act.* Francis E. Fremantle, Esq., F.R.C.S. (Member of the late Departmental Committee). Discussion opened by Miss Alice Gregory.

- Direct Representation on the Central Midwives' Board.* Mrs. Margaret Lawson, President, the National Association of Midwives. Discussion opened by Mrs. Stephen Glanville.

Thursday, April 28th, 2.30—4.30 p.m. Chairman, Sir Dyce Duckworth, Bart., M.D., J.L.D.

- Fever Nursing.* Sidney Phillips, Esq., M.D. Discussion.
  - The Duties of Probationers in Provincial Hospitals.* E. B. Rockitt, Esq., M.D. Discussion.
  - Women as Sanitary Inspectors and Health Visitors.* By a Lady Speaker from the National Health Society. Discussion.
  - Mental Nursing.* Bernard Holland, Esq., M.D. Discussion. Edwin Ash, Esq., M.D.
- 6.15 p.m.—Miss Macdonald, Secretary, will speak on the Diploma of the Royal British Nurses' Association. 7.30 p.m. Concert.

Friday, April 29th, 2.30—5 p.m. Chairman, Miss Brodie-Hall.

- Nursing and Training in Poor Law Infirmarys.* Miss Gibson, Matron of Birmingham Infirmary.
- Nursing in Unseparated Workhouses, and*

*Reference to the Report of the Royal Commission on the Poor Laws.* Miss Jane Wilson, Workhouse Nursing Association.

- Feeble-Minded Unmarried Mothers in Workhouses.* Miss P. Douglas Townsend. Discussion.

- 8 p.m.—Lantern Lecture on the History of Nursing, showing its Development from Ancient Times. Miss E. L. C. Eden.

Saturday, April 30th, 2—4.30 p.m. Chairman, R. Murray Leslie, Esq., M.D.

- Massage.* Miss Manley, a Founder, Incorporated Society of Trained Masseuses. Discussion.
  - Maternity Clubs.* Miss Klaussens. Discussion.
  - Creches.* Muriel, Viscountess Helmsley. Discussion.
  - Territorial Nursing.* Miss Barton, Matron, Chelsea Infirmary. Discussion.
- 7 p.m. Chairman, John Langton, Esq., F.R.C.S. *State Registration of Trained Nurses.* Paper by Miss Annie Hobbs (read by Miss Macdonald, Secretary, Royal British Nurses' Association). Discussion: The Hon. Sydney Holland.

### OFFICIAL INVITATIONS.

Wednesday, April 27th, At Home, at the Midwives' Institute, 12, Buckingham Street, Strand, from 4 to 6 p.m. Cards of Admission will be given to Midwives and Nurses applying for the same at the door of the Conference Hall.

Thursday, April 28th, through the kindness of Dr. Ralph Vincent and the Council, Nurses and Midwives attending the Conference are invited to visit the Infants' Hospital, at 4 p.m.

Friday, April 29th, through the courtesy of the Matron, Nurses and Midwives attending the Conference are invited to visit Queen Charlotte's Hospital, Marylebone Road, W., at 3.30 p.m.

N.B.—In order to obtain admission to these two hospitals, it will be necessary to present a printed slip. These slips will be given at the door of the Conference Hall to Nurses and Midwives applying for the same.

### THE EXHIBITION.

In the Exhibition midwives and nurses will find much to interest them. The BRITISH JOURNAL OF NURSING, in which is included *The Midwife*, will be found at Stand 11B, where the Special Spring Number, and later the issue of April 30th, will be on sale, beside other nursing publications. Amongst the exhibiting firms will be found many whose preparations and appliances are known and valued by nurses—Newton Chambers and Co. (Lzsl), Jeyes Sanitary Compounds Co., Ltd. (Cyllin), Lewis and Burrows, Fairchild Bros. and Foster, Welford and Sons (renowned for the supply of pure milk), the Gas Light and Coke Co. (whose gas fires are now indispensable in nursing homes and private homes),

Bovril Ltd. (of international reputation), Cadbury Bros (of pure cocoa fame), Coleman and Co., Keen Robinson (the friend of the monthly nurse and midwife), Wells and Co. (nursing uniforms), Southall Bros. and Barclay (whose accouchement sets are so convenient), J. S. Fry and Sons (whose chocolate is eagerly sought for), the Medical Supply Association (surgical appliances and rubber hot water bottles), W. H. Bailey and Son, at whose stand, and in whose Oxford Street establishment, the midwife who cannot find what she needs must be hard to please; Bell and Croyden (sterilised surgical dressings). The various Plasmion preparations will also be on view, and Messrs. Garrould will show surgical appliances and nursing requisites.

Messrs. Lewis and Burrows, 22-21, Great Portland Street, W., cordially invite all nurses to use the rooms provided as a "Rendezvous" for their benefit, and supplied with magazines and papers.

## Ante-Partum Hæmorrhage.

By MISS GLADYS TATHAM.

Bleeding due to pregnancy may be briefly divided into three classes:—

- (a) Miscarriage or abortion.
- (b) Accidental hæmorrhage.
- (c) Unavoidable hæmorrhage.

The terms miscarriage and abortion include any bleeding due to separation of the ovum, or part of it, up to the seventh month (28th week).

Miscarriage is of four kinds; threatened, inevitable, complete, and incomplete. When the bleeding and pain are slight, and the internal os is closed, timely treatment may prevent a miscarriage. The midwife must send for a medical practitioner; but whilst awaiting his arrival she must put the patient to bed, keeping her completely at rest, and see that her diet is very light. If the bleeding is severe, the pains strong, or the internal os is open the woman will inevitably miscarry. Medical aid must at once be sent for. Should the bleeding be at all serious the midwife cannot wait for help. She must give a vaginal douche at a temperature of 115 degs. Fahr. to 118 degs. Fahr., a suitable antiseptic being added to the water. If the bleeding still continues she must, if necessary, plug the vagina with sterilised gauze or lint. The patient must be kept absolutely quiet, lying on her back; her diet should consist of warm milk, warm bovril, etc., but no stimulants. Everything passed through the vagina must be saved for the doctor's inspection. This is of importance because there are two varieties of inevitable miscarriage, complete, and incomplete or missed.

Complete miscarriage signifies that the whole ovum has come away; missed or incomplete means that some part of the placenta or membranes has been retained after the rest of the ovum was expelled. It is quite likely that a woman who is careless or ignorant about herself will not have sent for the midwife till the decomposition of the retained products has set up blood poisoning (Sep-

temia), with a high temperature and an offensive discharge. After sending for the doctor the midwife must prepare the patient for the operation of having the uterus cleared out. If she has time she should wash the woman all over, but in any case the vulva and surrounding parts must be thoroughly cleansed. An enema, and a Cyllin (1-100) douche should be given, the bladder must be kept empty also. She should arrange the room and the bed as well as circumstances permit, and see that plenty of hot and cold boiled water is at hand. No food should be given, as chloroform will probably have to be administered. The patient should be kept in bed quite a week after the last symptoms of miscarriage have disappeared. The treatment for collapse will be the same as after accidental hæmorrhage.

Accidental hæmorrhage occurs after the child is viable, that is, from the 28th week onwards. It is caused by the separation of a normally situated placenta. This may be brought about by constitutional disease in the mother, such as syphilis, severe heart disease or anæmia, albuminuria, or poisons (lead, etc.), by injuries such as a blow or fall, and by strong emotion. Accidental hæmorrhage may be revealed—that is, the blood escapes from the vulva—or it may be concealed by the blood being pent up in the uterus. But whether it be of the revealed or concealed type a woman suffering from it will present the signs and symptoms of loss of blood. The cheeks, lips, and sclerotics will be blanched; her pulse will be weak, rapid, and towards the end uncountable; her respiration will be sighing and irregular; her skin cold and perspiring. If she is not too ill she will probably complain of giddiness, noises in the ears, and want of air. Should the hæmorrhage be concealed by being pent up in the uterus there will be a severe "tearing" pain in the abdomen, which will appear tense and very tender, and uterine contractions will be absent. If the midwife diagnoses this condition before the arrival of the doctor she must, if necessary, puncture the membranes and proceed as for the revealed variety, except that she must use no plugging.

When the hæmorrhage is revealed the blood escapes from the uterus. Having sent for aid without delay the midwife must apply a very tight binder. If the os uteri internum is only slightly dilated, and the bleeding is slight, it may be sufficient for the patient to lie still with the foot of the bed raised and the binder on. But if she begins to show evident signs of loss of blood the midwife cannot wait for the doctor without doing everything in her power to stop the bleeding. She must give a vaginal douche of Cyllin (1-100) at a temperature of 115 degs. Fahr. to 118 degs. Fahr. If the os is only one-quarter dilated she should plug the vagina, if it is wider open she should rupture the membranes and stimulate the uterus by external massage. If necessary a full dose of ergot, 5i in a little water may be given. Before giving this and rupturing the membranes the midwife should assure herself that the child is in a favourable position to be born, because if it is a mal-presentation the doctor will have greater difficulty in cor-



recting it after the liquor amnii has escaped and the ergot acted. All danger is not over when the bleeding has been stopped, and the woman may die at shock, or sepsis later on. To prevent syncope, and loss of blood to the brain, the foot of the bed should be raised; and the arms and legs firmly bandaged. The patient must not be allowed to sit up or exert herself in any way, and all excitement must be avoided. Plenty of fresh air should be admitted into the room, but the patient must be kept warm with blankets and carefully covered hot water bottles. It is important to see these are adequately protected with a flannel cover, as it would be very discreditable to allow a patient to be burnt with an uncovered bottle. Saline injections may be ordered by the doctor. Unavoidable antepartum hemorrhage is caused by an abnormally situated placenta; the condition is known as Placenta Prævia (Lat. præ: before, via: in the way, placenta in the way of the child.)

When the centre of the placenta is situated over the os uteri internum it is called "central." It is more on one side than the other it is "partial," while if only the edge of the placenta covers the os it is called "marginal."

Placenta Prævia is more common in multipara than in primipara, and is frequently fatal. The chief signs and symptoms are hæmorrhage unaccompanied by pain, a soft, boggy swelling above the pubes, and an indefinite, spongy mass just over the internal os can be felt on vaginal examination. The parts of the foetus will probably be difficult to feel, and it is likely to be in an abnormal position. After sending for the doctor the midwife must, if the bleeding is at all severe, rupture the membranes and put on a tight binder in the hope that this will bring down the presenting part, which will press on the bleeding surface and act as a kind of plug. If this does not bring on pains, and the doctor has not come, she may, to save life, be justified in performing internal version. Having made her left hand and arm as aseptic as possible the midwife must put her hand into the uterus and pull down an arm or leg to use as a plug to press on the bleeding part.

If the bleeding from Placenta Prævia is only slight, and the patient is not collapsed, the midwife can put her to bed with a tight binder on and wait for the doctor.

The rules of the Central Midwives' Board require a midwife to send for a qualified medical practitioner in all cases of abortion, and of hemorrhage, slight or severe, in a pregnant woman.

### A True Incident.

Visitor, who is also a midwife: "I did not know you had another little grandchild, Mrs. Jones."

"No; I engaged with the Sisters up at —. She had a shockin' time. I done plenty of this work in my time, but I am getting past it, so I thought it would be best to have the Sisters. It was like this; she was took bad about four in the afternoon, and I sends off for them. It's a goodish step, anyway, and the gal was gettin' bad, so I examines her and finds a cross birth. I says to my-

self, 'Somethinks got to be done.' I gets my book off the shelf and runs my finger down the ('s till I comes to cross-birth. I reads it careful. I then cleanses my finger thus," suiting the action to the word by sucking it well and wiping it on her apron, "and I turns the child."

Inquisitive Visitor (mildly): "And what did the Sisters say?"

"Oh! they didn't 'alf carry on, and 'ad the impudence to say it never was cross."

### The Central Midwives' Board.

A special meeting of the Central Midwives' Board was held at the Board Room, Caxton House, Westminster, on Tuesday, April 19th, Dr. Champneys presiding, to consider charges against a number of midwives, with the following results:—

#### STRUCK OFF THE ROLL.

Margaret Barnett (3174) was charged with neglecting her patient, neglecting to report inflammation of the infant's eyes, etc.

Henrietta Chinn (6902), neglect on two charges.

Margaret Davies (4875), charged with being drunk and disorderly on the public highway, and being under influence of drink, and totally incapable of performing duties when visited by the Executive Officer.

Annie Hardstaff (10124), charged with negligence. Her defence was, she considered the Supervising Officer too exacting, and it was washing day.

Margaret Middleton (12101), charged with not advising that medical assistance should be summoned for an abnormal presentation. She admitted having attempted to turn the child. Also accused of being under the influence of drink.

Sarah Timson (5466), neglect to obey doctor's orders as to disinfection; also with being drunk on the public highway.

Mary Weddell (11168), charged with neglecting patient.

Elizabeth White (7561) admitted she had made no effort to resuscitate a child apparently born dead; uncleanly.

Ann Whitecar (17574), uncleanly; neglectful of rules.

#### SEVERELY CENSURED.

Elizabeth Mary Dean (7195), who, after being informed by doctor that her patient was suffering from puerperal fever, attended the confinement of another woman.

Hannah Howe (2900), being under the impression the child was tongue-tied, divided the frænum, causing it to bleed to death. Wrote to say she knew she had no right to do so, and was very sorry. She tries to increase the population by every effort.

Elizabeth Wilding (9513) failed to inform the doctor of a ruptured perineum; the patient subsequently died of puerperal fever.

#### CENSURED.

Elizabeth Hill (16400), uncleanly. Her bag, on inspection, was found to contain a pair of bedroom slippers and a pot of jam. She considered it silly to make a fuss about it.

The report of the remainder of the penal cases will appear next week.

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XLIV.

## Editorial.

### REGISTRATION IN A NUTSHELL.

Although the State Registration of Trained Nurses has formed the subject of inquiry during two sessions by a Select Committee of the House of Commons, which unanimously reported in its favour, and a Nurses' Registration Bill has, after full debate, been passed by the House of Lords, there are still some people who do not understand what is involved in the demand.

Yet trained nurses are only asking that the State shall give them the authority to define the meaning of the term trained (or registered) nurse, in order to ensure to the community that the nurses they employ are skilled in their professional duties. No persons may use the terms registered medical practitioner, graduate or licentiate in dental surgery, and pharmaceutical chemist unless they have complied with the registration laws governing their respective professions. They must have passed through a definite curriculum and attained to the prescribed standard of professional education before they are admitted to their register, and on such admission their claim to professional recognition is based.

In the same way no woman may now take the title of certified midwife, or act as a midwife, except in the case of emergency, unless she has furnished the Central Midwives' Board with evidence of training and good moral character, submitted herself to its examination, and satisfied the examiners that she is competent to conduct normal cases of labour. The period of training may be brief and the scope of the examination limited to knowledge which it would be dangerous for a midwife to lack; but at least a beginning has been made—henceforth there is a line of demarcation between the trained and the

untrained, and although the midwife is probably the worst paid skilled worker in the community, it is evident that women value the opportunity of attaining the definite status conferred by admission to the roll, inasmuch as over 2,500 last year paid the requisite fee and entered for the Central Midwives Board's examination.

It follows that the movement for the registration of nurses is a movement for their systematic education of which their registration is the evidence, the guarantee which they offer to the public of their skill and efficiency. For a midwife there is one portal, and one only, by which she gains access to her profession—the examination of the Central Midwives' Board. But for the nurse there are at least 500 general training schools in the United Kingdom which are willing to certificate her, besides innumerable special hospitals and nursing homes.

The advantages of a uniform examination, followed by State Registration, are so obvious that it is incredible trained nurses should have been working for more than twenty years to obtain the necessary legislation. But their demand touches deeper issues than at first sight appears. It is an educational, an economic, a labour question; and when has the employer ever conceded the right of employees to organise, even in the public interest, without the most strenuous opposition? That is the question in a nutshell.

Registration laws for nurses have already been enacted in Cape Colony, Natal and the Transvaal, in the Dominion of New Zealand, in twenty-four of the United States of America, in Germany and Belgium. In India, Canada, Australasia, in various British Colonies, and in many American States, trained nurses are organised to obtain legislation—a proof of the widespread realisation of the need.

## Medical Matters.

### DEFECTIVE NIPPLES.

Dr. H. B. Billups contributes an interesting note on the above subject to the *British Medical Journal*. He writes, in part:—Very much nowadays is written about excessive infantile mortality, and one of the chief causes alleged is defective artificial feeding. The reasons for the prevalence of artificial feeding have been frequently discussed, but there is one reason on which sufficient stress is not laid—defects in the nipples of nursing mothers. I have seen a number of mothers who, although they had plenty of milk in their breasts, have yet, on this account, been unable to nurse their babies.

The defective nipples present a variety of appearances. In most cases the breasts and areolæ are normal, but the nipple is abnormal. There may be an entire absence of any projecting tissue, and it may be replaced by a crack-like depression in the centre of the nipple, although there is some projection of the nipple beyond the surface of the areola. Sometimes the nipple projects somewhat in one part and is retracted in another.

Where the defect altogether prevents suckling the disadvantage to the baby is obvious, and though in many cases it can eventually obtain milk from one breast in sufficient quantity, there is generally a defective supply at first at any rate. Further, as the nipple does not project properly the normal milking action which comes into play with a well-formed nipple is impossible, and it is only by taking a large grasp of breast tissue and exerting considerably more energy than usual that the baby can get the milk. There is also much difficulty in exerting proper suction, and much air may be drawn into the baby's stomach.

The retracted nipple is very much more difficult to keep clean and free from external infection than a normal nipple, and it would be interesting to know the proportion of cases of diseases of the breast, such as mastitis, abscess, and even cancer, preceded by a retracted nipple.

The statement as to the effect of the pressure of tight corsets on the nipples seems to be one of those theories which pass from textbook to textbook without criticism or verification. Though the condition is common, it is not so common as would be expected if it were due to such a widely prevailing custom as the wearing of tight corsets.

That corsets have little or nothing to do with the matter is indicated by the condition of the breasts themselves.

We have therefore to seek for another cause, and I think it is easily found. In various parts of the country where I have worked I have found that it is the custom of the country midwives of the old-fashioned kind to pinch and squeeze the nipples of newborn babies. It is done every day when the baby is washed and is considered most important, and it is continued for weeks; I remember a case where matter was being daily squeezed from the breasts of a four weeks old infant.

I have had some difficulty in ascertaining the reasons for this custom, as the old ladies are very reticent, but there would appear to be two distinct ideas. One is the removal of milk from the breasts, and the women who have this idea squeeze the breasts of both male and female infants. The other is that unless squeezed so as "to break the nipple-strings," female children will have no nipples when they grow up, and by those who hold this opinion the practice is confined to female babies. In the few cases in which I have observed this custom critically I have noticed that the pinching is done in no gentle manner; no doubt considerable damage is done to the rudimentary tissues of the nipple and galactophorus ducts. It is probable that scar tissue is formed in the neighbourhood of the nipple; as time goes on this contracts, and as puberty approaches and the breasts begin to develop, the strands of abnormal connective tissue cause retraction of the nipple more or less complete according to the extent of the scar tissue.

It is highly probable that the injury caused to the galactophorus ducts and the pressure of scar tissue upon them produce the obstructions of these ducts, giving rise to the frequently non-suppurative mastitis so common in primiparae. I would warn medical men not to judge too hastily that this custom is not practised in their districts, because the old midwives know medical practitioners disapprove of their methods, and therefore the babies' breasts are sometimes pinched surreptitiously.

To sum the matter up, I conclude that the pressure of corsets does not cause these defective nipples, nor is it generally a congenital condition, but that it is probably due to manipulations by ignorant midwives soon after birth. This being so, it is the duty of doctors and nurses alike to teach the women the danger of pinching the breasts of infants, and to see that it is not done. It would be interesting if practitioners would collect evidence concerning the infancy of the mothers whom they attend; in the last I had I found no difficulty in finding out from the patient's mother that the breasts had been squeezed in infancy.



## Clinical Notes on Some Common Ailments.

### SOME FORMS OF HEART DISEASE.

By A. KNYVETT GORDON, M.B. (Cantab.).

(Concluded from page 323.)

Obviously, the first essential is rest, and this must be absolute, and, until all the signs of deficient circulation, such as swelling of the feet, have disappeared, the patient must not be allowed to get up, even to have his bed made. From the nurse's point of view, the tending of a heart case is generally considered to be rather uninteresting work, but it is certain that without skilled nursing true rest is impossible and drugs are of little avail. As a rule, it is best that the patient should be nursed in his own home, as the bustle and noise of a hospital ward are not conducive to recovery, and inasmuch as the recovering (but not recovered) sufferers have frequently to be discharged to make room for more acute cases, the advantage gained from a three weeks' stay in hospital is often undone by the excitement of his premature removal and by the visits of condoling neighbours when the patient arrives home. Both the sufferer and the nurse have to be very patient, for the results of the rest are not so apparent as in a more acute case, though they are none the less present.

But the nursing is really very difficult, far more so, in fact, than is usually supposed, and it consists in ensuring not only that the patient shall not use any muscles unnecessarily, but in removing all sources of mental worry also, and in discriminating between visitors that help and those who hinder.

The next essential is to relieve the circulation by removing anything that obstructs the return of blood to the heart; thus, we have to open the bowels and keep them acting; we encourage the skin and kidneys to act by the administration of drugs that produce perspiration and increase the flow of urine, such as acetate of potash and spirit of nitrous ether. If there is a collection of serum in the abdominal cavity, we remove it by tapping, and we can similarly relieve the swelling of the legs by drainage with small (Southey's) tubes. When the right side of the heart is in difficulties, bleeding from a vein in the arm is often useful.

But we can do more than this: there is a drug—digitalis—which acts directly on the muscular wall of the heart and makes it contract more forcibly, and also increases the flow of urine. Like all other useful remedies, it has its disadvantages, but in suitable cases its

action is very useful indeed; whenever a patient is taking it, a record should be kept of the pulse rate, and if this falls below 80, the medicine should be stopped and the physician informed. It is especially important to observe this, as the next effect of too much digitalis is to make the heart beat more rapidly, so that if the preliminary slowing be missed, the dose of the drug may be increased and poisoning result. Strychnine is also useful, especially when the aortic valve is diseased.

All the above measures are suitable while compensation is deficient—that is to say, until the signs of circulatory obstruction have disappeared. Then we have to try and establish some increased growth of the heart muscle itself, and this can be effected by a series of graduated exercises. In the so-called Nauheim treatment, this is done by making the patient move various muscles, while the attendant endeavours to prevent him doing so by carefully regulated resistance; in practice this is usually combined with a course of effervescing baths, which encourage the skin to act also.

One word in conclusion on the treatment of emergencies by the nurse. The chief of these is fainting. Here the face is pale and the patient loses consciousness, and two things are necessary—to lower the head so that the blood can more easily reach the brain, and to apply a towel or sponge wrung out of hot water to the bare skin over the heart. It is useless to waste time by giving brandy during a fainting fit, as it simply lies in the stomach and is not absorbed at all, though if administered when the patient comes round it is often useful. If the patient, however, loses consciousness, and the face is deeply cyanosed, the condition is not a fainting fit at all, and the head should not be lowered; probably bleeding will be required, or the use of some special remedy, such as nitrite of amyl, and the physician should be summoned at once.

Another alarming condition is an attack of breathlessness, and then the patient should be propped up in bed. The hypodermic injection of strychnine and atropine is often useful, while morphia suits some patients better than anything else.

Perhaps the most difficult task that falls to the lot of the nurse in cases of heart disease is to dissipate the fear of sudden death, which is almost sure sooner or later to be implanted in her by the misguided intervention of relatives, whose stock of sympathy is larger than their endowment of commonsense. Properly managed, very many patients whose hearts are more or less extensively diseased live to the allotted span, and are of service to the community.



## Post-Graduate Lectures at Guy's Hospital.

### BRIEF SUMMARY.

In his second lecture on "Recent Changes in treatment in the Medical Wards," Dr. Cameron fully described the new method of treating oedema by the salt free diet. He also described the Lactic Acid Therapy, and stated that claims were being put forward in favour of the treatment of a great variety of diseases by means of "Soured Milk," *i.e.*, by introducing into the alimentary canal, active cultures of the Lactic Acid organisms. The theory is held that the intestines contain great numbers of bacteria, and that they have a useful task to perform. In the latter stages of digestion they come to the aid of the intestinal gases and ferments, in still further splitting up the food until the waste matter alone is left. It is considered by some that certain conditions are due to over action of these bacteria, with the result that poisonous products are formed, and they are absorbed into the blood vessels in the wall of the bowel, and so diffused into the body generally. Neurasthenia, melancholia, multiple arthritis, wasting and malnutrition generally are a few of the conditions which are supposed to result from this intestinal toxæmia. The evidence of this intestinal toxæmia, Dr. Cameron pointed out, was very unsatisfactory, and physicians in this country are profoundly sceptical as to its existence. In France, however, these views are held, and it is in Paris that Professor Metchnikoff has introduced the method of feeding by soured milk, which contains the most powerful of the lactic acid organisms, the *Bacillus Bulgaricus*, in the hope that this organism, which is in itself harmless to man, will survive the danger of destruction in the stomach, and flourish to such an extent in the intestine that the other organisms will be destroyed.

The great benefits derived from the Electrical Department, by the application of heat to the joints for chronic joint diseases, such as osteo arthritis and rheumatoid arthritis, and also the treatment of ex-ophthalmic goitre by the Röntgen Rays, were described.

On Tuesday, 19th April, Mr. E. C. Hughes gave his first lecture on "Recent Changes in Surgery," and compared the treatment of appendicitis and general peritonitis with that of five or ten years ago. The operation itself is simpler and can be performed in a much shorter-time, for the peritoneal cavity is not washed out, and the great danger of shock to the patient is minimised. The mortality is now much smaller,

being only from 15 to 30 per cent., whereas five or ten years ago it was as high as from 90 to 99 per cent. The lecturer pointed out that the after treatment lay very much in the nurse's hands, the patient having to be kept in the Fowler position, which needs nice adjustment of pillows to prevent slipping back. In contrast with the old idea of withholding fluids, water is given by mouth as the patient desires. Rectal and subcutaneous saline infusion was explained and advocated. Shock, collapse, flatulence, and vomiting were important things to note, and the need for the nurse's observation to report carefully on the condition of the patient was emphasised, as it might often prevent a second operation being performed. For collapse the use of Emetin and Pinitrin Extract instead of injecting strychnine was advocated and explained.

## League News.

### GUY'S HOSPITAL PAST AND PRESENT NURSES' LEAGUE.

The eighth annual meeting and the second annual dinner of the Guy's Hospital Nurses' League, will be held in the Nurses' Home on Friday evening, April 29th, 1910, after which there will be a short exhibition of lantern slides. The dinner will be served in the Nurses' Dining-hall at 7 p.m. punctually, and everyone is looking forward to a very festive time.

The Sixth Annual Exhibition of the Guy's Hospital Nurses' Photographic Society will be opened in the Nurses' Home on the above date. A special effort is being made to make the Exhibition a success, and all Members interested in photography are asked to send in photographs. Entry forms may be obtained from Miss Smith, Hon. Sec., G.H.N.P.S., Guy's Hospital, S.E.

### GENERAL HOSPITAL, BIRMINGHAM, NURSES' LEAGUE.

The third annual meeting (ninth general meeting) of the General Hospital, Birmingham, Nurses' League will be held at the Hospital, on Saturday, May 7th, at 3 p.m., and will be followed by a social gathering at 4.15. The League was formed in 1906, and the first meeting was held on May 1st of that year. There are now over 200 members. The Hon. Secretary is Miss McFarlane, Matron, the Infirmary, Kidderminster.

Part of the business at the meeting will be to decide on the form of the memorial which is being raised by past and present nurses to the memory of the late Miss M. E. Jones. The Matron is Treasurer of the Memorial Fund, to which contributions should be sent by May 1st.

## Nurses of Note.

### MISS A. CARSON-RAE.

*Secretary, Irish Nurses' Association.*

We have pleasure in publishing on this page the portrait of Miss A. Carson-Rae, the newly-appointed Secretary of the Irish Nurses' Association. By birth Miss Carson-Rae is Scotch, but as her mother was Irish she belongs also in part to the land of her adoption. She first became interested in nursing through belonging to the Samaritan Society of the Western Infirmary, Glasgow, as it was one of the duties of the members to visit a ward regularly and take an interest in the home affairs of the patients.

In the year 1888 Miss Carson-Rae entered the National Hospital for Paralysis and Epilepsy, Queen Square, Bloomsbury, for training, and remained there for one year; during this time she was grounded in elementary anatomy, and received instruction in massage and the use of electricity, which she subsequently found of great value. At the end of that time she was received at the Lady Augusta Stanley Training School, in connection with the Westminster Hospital, where she obtained three years' training in the wards, and afterwards had a year's experience of private nursing, leaving to take a Day Sister's post at the St. Marybone Infirmary, Notting Hill, W. After holding this post for eighteen months, she was promoted to the position of Night Sister, which she also held for eighteen months, and has subsequently found the administrative experience thus gained most useful.

Miss Carson-Rae was then appointed Assistant Matron of the Cork Street Fever Hospital, Dublin, and on the resignation of the Lady Superintendent was invited by the Committee to succeed her, which she did, and remained there for thirteen years, resigning this position last December.

During her term of office many changes were made for the better. By affiliation with other hospitals, Miss Carson-Rae was able to organise a Training School for Nurses, and found the system work well. A new Nurses' Home was built, after which all the nurses were able to have a separate bedroom, a privilege which they greatly appreciated. For some years the hospital maintained a small private staff. It also had a Convalescent Home, about five

miles away, where the convalescent patients were sent to convalesce.

In 1902 the Committee of Public Health started a hospital for smallpox at the mouth of the Liffey, which was furnished and equipped by the authorities of the Cork Street Hospital, and was always staffed by it when necessary. The nurses in this way obtained valuable additional experience.

Miss Carson-Rae has always been a keen advocate of State Registration of Nurses, believing it to be the only means by which the nursing profession can obtain a proper status. She also desires to see technical colleges established for preliminary education, in which the education of girls desiring to enter the nursing profession can be carried on on lines which would best fit them to enter it when they have attained the requisite age.

She takes much interest in the International movement amongst nurses, and attended the Paris International Conference in 1907, when there was a large contingent from Ireland. She was also present at the Congress in London last year, and acted as one of the Stewards of the Nursing Exhibition held at Caxton Hall in connection with the Congress. Her recognition of the importance of a professional journal for nurses is shown by the fact that she is a collaborator of the *BRITISH JOURNAL OF NURSING*, and has contributed to it some interesting articles.

It follows that the Irish Nurses' Association has secured as its Secretary a lady of great practical experience and of liberal and progressive views, and we may hope that it will prosper and increase during her term of office.

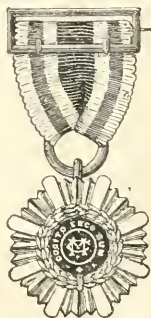
## The Irish Nurses' Association.

A lecture was last week delivered in Dublin by Mr. William Taylor, F.R.C.S.I., to the members of the Irish Nurses' Association. Mrs. Kildare Treacy presided. The subject was 'Poisons,' and Mr. Taylor gave a most instructive account, not only of poisons and their antidotes, but also of the nurse's responsibility, and which injections and remedies she was justified in using with each particular poison. There was a large attendance, and at the close a cordial vote of thanks was proposed by Miss Pate, seconded by Miss Egan, and supported by Mrs. Kildare Treacy.



MISS A. CARSON-RAE.  
*Secretary, Irish Nurses' Association.*

## The Matrons' Council of Great Britain and Ireland.



A meeting of the Matrons' Council was held at 431, Oxford Street, London, W., on Friday, April 22nd. Mrs. Bedford Fenwick presided. There was a large attendance of members. Before the business meeting began the Hon. Secretary, Miss M. Mollett, gave the following Valedictory Address on the late President, Miss Isla Stewart, who had held this office from the foundation of the Council.

Miss Mollett said:—

### VALEDICTORY.

"Before the Council commences its work I have been asked to voice the respect, the last respect we can pay to our President, and to say good-bye. For we meet to-day under the shadow of a great sorrow. We have lost the bravest and most loyal leader we shall ever know.

Others may mourn with us the death of a great Matron, of a wise woman, of one who was a power for good in the profession, but we have also to bear the loss of a very dear comrade, who understood and shared our troubles and our difficulties, and who never failed friend or foe: of one who was the soul of honour and of good fellowship, and who led us most valiantly from the first founding of our Council. For, like the brave standard bearer she ever was, she bore the standard of right and high principle unflinching throughout her career; she carried out to the letter the old instructions: "Ye shall not fall back, nor fly, nor suffer it to be wrested from you" and, at the end, might well say:—

I did not fail, nor faint, nor fly,  
I carried the banner all the day;  
Wrap it round me when I die.

If peace has its heroes as well as war, assuredly Isla Stewart was one, and had deserved to bear the motto, "Ich dien," for she served her God, her profession, and humanity well and nobly with a very single mind throughout her life. We were proud of her, and more and better than that, we loved her, we love her now, for she had the secret that gains affection, the kindly sympathy, the warm heart that beats for humanity and is tolerant of its fail-

ings. We shall miss her; we shall miss the steady understanding, the clear mind, that was very true and went straight for the principle underlying the argument; we shall miss the courage that never faltered; nor shall we ever forget how, in the darkest times, *she* never lost her brightness, her cheerfulness, her belief in the ultimate victory of right. We miss her to-night. Hardly ever did she fail in her place at our meetings, and her keen interest, her alert intellect, and ready speech gave a zest to our debates. None of you will forget how, at the last meeting we held in this room, she came, ill as she was, to take an interested and animated part in the subjects under discussion, although she had already spent the whole afternoon at a most exhausting conference on the State Registration Bill. But it was her duty, and that with Isla Stewart was ever first. We shall miss her unswerving belief in the future of our profession, in its development, in the grand possibilities that lie before it. Whenever we felt inclined to doubt, or were wearied with the endless and unscrupulous opposition that barred the way, her cheery and courageous optimism heartened us again.

On the square in the old Swedish town of Helsingborg stands the statue of a general with a fine inscription: "He was great in victory, but greatest in misfortune and defeat." That was our late President—most confident, most hopeful when things were at their worst.

Nothing did she desire more passionately than to see the measure passed for which for twenty long years she had fought a good fight. But with victory in sight she died.

A woman such as Isla Stewart is not mourned with words but deeds. It remains for us to honour her memory, as she would have had us honour it, by completing what she aided to begin with such high hopes and such unselfish aspirations. She never failed us; we must not fail her. What she desired must be accomplished.

"Les morts vont vite," but the memory of our President will be fresh and green with the members of this Council for many and many a long day to come. She has bequeathed to us for all time the recollection of a grand woman with high public principles and the rarest private qualities."

### THE BUSINESS MEETING.

The minutes of the previous meeting were then read and confirmed, and the correspondence dealt with.

### APPLICATIONS FOR MEMBERSHIP.

The following Matrons, who applied for membership were elected:—

Miss C. B. Leigh, Matron, Central London



Sick Asylum, Cleveland Street, London, W.

Miss Horton, Matron, Newark Hospital, Nottinghamshire.

Miss M. Crump, Men's Branch, Metropolitan Convalescent Home, Bexhill.

Miss Mabel Thurston, Matron, Christchurch Hospital, New Zealand.

Miss S. Grace Tindall, Matron, Cama and Allbless Hospitals, Bombay.

#### THE NEXT MEETING.

It was decided to hold the next meeting at an important centre in the provinces.

#### APPOINTMENT OF SUB-COMMITTEE.

The following members were appointed as a Sub-Committee to nominate a President, and to draft a Bye-law regulating the appointment of Presidents:—Mrs. Bedford Fenwick, Miss L. V. Haughton (Guy's), Miss B. Cutler (Bart's), Miss Morgan (nurse hon. secretary, Fever Nurses' Association), and Miss Mollett, Hon. Secretary.

#### RESOLUTION.

The Chairman communicated to the meeting the news of the tragic death of Mrs. Hampton Robb, of the United States, one of the earliest hon. members of the Matrons' Council, and on her proposition, seconded by Miss Musson, the Hon. Secretary was asked to convey to the American Society of Superintendents of Training Schools for Nurses, and to the National Associated Alumnae of the United States the deep sympathy of the Matrons' Council with American nurses in their bereavement.

Miss H. L. Pearce having thanked Miss Mollett in the name of those present for her address on the late President, the meeting terminated.

M. MOLLETT.

Hon. Sec.

## The Territorial Nursing Service.

#### PRESENTATION OF BADGES AT BIRMINGHAM.

The annual meeting of the General Committee of the Nursing Service (Territorial Force) of Warwickshire and Worcestershire was held at the Council House, Birmingham, on Wednesday, 20th April, under the presidency of Lady Jane Carleton.

Miss M. A. Buckingham (Queen's Hospital), Principal Matron, gave a most excellent report. The staff and reserve were complete, and during the year the nurses had been brought together on two occasions for the inspection of the Territorial Forces in Birmingham by the then General Officer Commanding-in-Chief, South Midland Division, Sir Ian Hamilton, and also on the occasion of the King's visit to Birmingham to open the new University, when the nurses were provided with seats on the stand in the University grounds. Of the Matrons appointed, Miss Gibson, of the Infirmary, had resigned, and Miss Armour,

Assistant Matron of the General Infirmary, Worcester, was elected in her place.

In the afternoon the Marquis of Hertford presented badges to the matrons, sisters, and nurses, and expressed the pleasure it gave him to see such a large gathering of nurses willing to serve in the hospitals of the Territorial Force. He reminded them that the Queen was the President of the Nursing Association, and that when Her Majesty distributed the badges to the nurses in London she intimated it was her wish that that act should be taken to represent the distribution to all the nurses throughout the country. Expressing satisfaction at the starting successfully of the nursing service, Lord Hertford said he could honestly and proudly declare that no county had done better than Warwickshire in raising a territorial force, and therefore it was only just, and as it should be, that they should also be successful in forming a nursing service as part of it.

First to receive badges were the Principal Matron, Miss Buckingham, and the Hospital Matrons, Miss Musson and Miss M. L. Armour.

Sisters: Miss G. Hanson, Miss E. Hill, Miss E. Humphreys, Miss L. G. Lloyd, Miss A. Thompson, Miss E. M. Dowsett, Miss E. Holden, Miss F. Lowe, Miss M. E. Sharpe, Miss E. L. Millard, Miss E. M. Bradshaw, Miss H. Ison, Miss D. Jones, Miss L. Lindsay, Miss E. Willes, Miss M. Moore, Miss H. Edmonds, Miss A. E. Aldritt, Miss A. Kerslake, Miss C. Walker, Miss G. Jackson, Miss A. Hesketh, Miss E. Ashbarry, Miss M. Holberton.

Nurses: Miss M. Burrows, Miss M. Griffiths, Miss M. Smith, Miss M. Donald, Miss M. M. Gregg, Miss M. T. Shand, Miss L. Allen, Miss C. Caley, Miss K. Cooke, Miss E. Ellis, Miss H. Garlick, Miss B. Jones, Miss E. Oakden, Miss E. M. Pollard, Miss B. Sarsons, Miss A. J. Siddens, Miss E. Simpson, Miss E. M. Whaithe, Miss B. Child, Miss M. Mills, Miss A. L. Fowler, Miss P. Tucker, Miss A. Hiseock, Miss E. Williams, Miss W. Ferguson, Miss A. G. Barnes, Miss A. B. Beeton, Miss M. Broadbent, Miss E. F. Colburn, Miss H. G. Cumming, Miss S. A. Rogers, Miss A. R. Brown, Miss E. M. Wedderburn, Miss H. Carlsson, Miss M. H. Holt, Miss N. A. Fellows, Miss E. V. D. von Schneider, Miss E. M. Harris, Miss F. L. H. Wilson, Miss L. Biggs, Miss A. Butler, Miss E. Gall, Miss Ethel Humphreys, Miss M. Lindon, Miss M. Williams, Miss A. Biggs, Miss E. Walker, Miss K. Denning, Miss A. Acton, Miss A. Broadfoot, Miss O. Donnell, Miss A. Green, Miss J. Macleod, Miss J. Greatorex, Miss E. A. Hall, Miss K. Hornby, Miss C. Smith, Miss M. Ramsey, Miss B. Evans, Miss E. B. Healey, Miss G. Wild, Miss F. Williams, Miss E. M. Deakins, Miss R. Day, Miss F. Taylor, Miss E. Parsons, Miss M. Delany, Miss M. Hamilton, Miss M. Cleornes, Miss E. Cleaver, Miss M. Brockropp, Miss A. M. Chambers, Miss G. E. Toning, Miss L. M. Watts, Miss L. Hill, Miss J. H. Branson, Miss A. Reade, Miss A. Staite, Miss E. M. Harrison, Miss L. G. Smith, Miss B. L. Cheeseman, Miss M. H. Holland, Miss E. Smith, Miss F. C. Skinner.

Miss Haldane took part in the ceremony and spoke with her usual inspiring eloquence.



## The £100 Registration Fund.

	£	s.	d.
Brought forward ...	85	5	8
COLLECTING CARDS.			
<i>Name of Collector:</i> Miss L. A. Dixon			
W. M. Ransom, Esq. ...	1	0	0
Miss Jane Ransom ...	10	0	0
	£1	10	0
<i>Name of Collector:</i> Miss M. Burr			
Mrs. Sanderson ...	10	0	0
Proceeds of Christmas cookery...	6	6	0
A Friend ...	5	0	0
Miss Mathew ...	2	6	0
	£1	4	0
Mrs. Myers' Café Chantant ...	7	0	0
Miss S. Grace Tindall (Bombay) ...	5	0	0
Total ...	£95	4	8

## Examinations and Prizes.

## ST. BARTHOLOMEW'S HOSPITAL, LONDON.

At the final examination of nurses at St. Bartholomew's Hospital, last week, 27 nurses gained the certificate of the hospital. Miss Gladys Margaret Simms headed the list and will be awarded the Gold Medal given by the Clothworkers' Company. The following is the list of new graduates:—(1) G. M. Simms, (2) J. McGregor and H. M. Serace (bracketed equal), (3) I. M. Symonds, (4) R. V. Irvin, (5) F. S. Oldfield, (6) E. M. Hobday, (7) A. O. Maudon, (8) G. Farquhar, (9) B. M. E. Hes-kette, (10) F. O'Connor, (11) M. MacLavery, A. M. Newth and H. M. Watt (bracketed equal), (12) G. Richardson, (13) M. M. Davis, (14) M. K. Minet, (15) T. D. W. Lewin, (16) E. I. Little, (17) E. Dearberg, (18) E. Hall, (19) M. Drury and R. McEwan (bracketed equal), (20) G. Cowlin, (21) F. M. Loveband, (22) M. C. Barker, and G. K. S. Robson (aegrotat).

Miss W. Holt headed the list of the 36 nurses who passed the first year's examination for probationary nurses, and gained the Clothworkers' Company's prize of books.

## RICHMOND HOSPITAL, DUBLIN.

The Chairman of the Richmond Hospital, Dublin, Mr. Richard Jones, last week presented the prizes given by the one lady member of the Board, Mrs. McDowell Cosgrave, to the nurses whose departments gave evidence of the best care and attention for twelve months. The prizes were gained by Miss Raleigh, Charge Nurse, and Miss Clara Willis, first class nurse.

## The Nurses' Missionary League.

The eighth annual Conference of the Nurses' Missionary League was held at University Hall, Gordon Square, W.C., on Saturday, April 23rd. Three sessions were held during the day.

At the morning session Nurse Hope Bell, who was to have taken the chair and read a paper, was unable to be present, and her paper was read by Miss Macfee. Several other papers were read dealing with "What the Nurses' Missionary League Stands For." Some amusement was caused by the statement that two were written by close "chums" from opposite points of view. An informal discussion then took place upon the methods of making the League known and drawing in fresh members. It was generally agreed it was better to interest the nurses who were not keen on missionary work by means of working parties, talks, prayer for and with them, before urging membership.

Miss Fairfield gave a short address upon "Discipleship," in which she pointed out that all the world's evil which weighed so heavily upon the earnest Christian worker could only be swept away by Christ's own method as given in the Sermon on the Mount.

The afternoon session was of a more social character. In the absence of Miss Lea Wilson Mrs. Douglas Thornton gave a short address also upon "Discipleship and its Claims upon Members."

Music was provided by students of Trinity College of Music, by kind permission of the Directors.

The earlier part of the evening meeting was devoted to business, and in moving the adoption of the annual report Mr. McAdam Eccles, Chairman, drew the attention of the meeting to the wonderful increase in the number of nurses working in the mission field, during the past five years it had been nearly doubled. Five years ago only 10 members of the N.M.L. were working abroad; now there are 94 members, 29 having sailed during the past year. The financial condition of the League was also satisfactory. A member had generously given £34 to be used as a loan to missionary candidates for further training.

Miss De Lasalle then gave a short account of her recent northern tour. In one hospital the Matron gladly accepted the opportunity the meeting gave of urging her nurses to come out as earnest Christian women. A thrill of surprise and shame ran through the meeting when she said that in several hospitals Matrons, Sisters, and nurses told her they did not know nurses were needed for mission work, or that there were any mission hospitals. The result of her tour was 17 volunteers and 17 home workers.

The World Aspect of Missions was next dealt with by Mr. Lunt, who compared nurses with soldiers, always ready to go anywhere at the call of duty, eager to go where the work was hardest and the fight hottest. He said looking to the East it was difficult to realise what was happening there; China had awakened, and was looking round to see what place she was going to take among the nations. There was the consciousness of something

stirring among other nations—Japan, Korea, Siam, Persia, Turkey, also among those of our own Empire, India and Africa; these countries were being reborn; to-day they were in a plastic state and because we Westerners are ahead they were willing to be led by us, and the part they will play depends upon the action of English people.

God speaks through circumstances, and streaked through the waves of opportunity is the slow preparation, then comes the great opportunity, and Christ comes to His own. He offers us a big chance now to do something for Him: to serve. He illustrated the importance of accepting opportunity by Matthew's call and Pilate's decision, and spoke of the necessity of well considering the cost and deciding without haste, ending by saying that the growth of the early Christian Church was due to the lives of the rank and file rather than to the apostles and martyrs.

The Chairman also spoke of the necessity of being ready to give to China and Japan something in place of the rationalistic views which were replacing their old religion.

By many little stories grave and gay the Rev. H. G. Peile pointed out the effect upon the individual life of the knowledge of God and the resultant responsibilities, taking St. Paul as a concrete example who was spoken to by Christ on the road to Damascus. When Paul received the knowledge of Christ, he instantly surrendered himself—Self Surrender—and asked: "Lord, what wilt Thou have me to do?"—"Service." The knowledge of God brings the readiness to serve, which all could do in the hospital ward at home as well as abroad, and his final piece of advice was: "Serve God and keep cheerful."

MARY BURR.

## Appointments.

### MATRONS.

**Tooting Bec Asylum.**—Miss Ethel S. Rose has been appointed Matron. She was trained at the Bradford Union Hospital, and has held the positions of Ward Sister at the East Riding Asylum, Yorkshire, for one year, and of Night Sister at the Eastville Infirmary, Bristol, for a similar period. She has also had eighteen months' experience of private nursing in connection with the Victoria Nursing Home, Harrogate.

**Victoria Hospital, Keighley.**—Miss Emily E. Fletcher has been appointed Matron. She was trained at the Royal Albert Edward Infirmary, Wigan, where she has held the positions of Night Sister, Ward Sister, Theatre Sister, and Assistant Matron.

**The National Sanatorium, Benenden, Kent.**—Miss E. Folkes has been appointed Matron. She was trained at the Manchester Children's Hospital, Pendlebury, and subsequently held the following positions: Sister, medical and surgical wards, and home and theatre at the same hospital; Matron, Manchester Hospital for Consumption, Bowden, Cheshire; and Matron, Crossley Sanatorium, Delemere Forest, Cheshire.

**Swansea and South Wales Nursing Association.**—Miss Jean Giffen has been appointed Matron. She was trained at the Royal Hospital for Sick Children, Edinburgh, and has held the position of Sister at the Norfolk and Norwich Hospital, Sister at the Swansea General and Eye Hospital, Night Superintendent at Darlington Fever Hospital, Ward Sister, Home Sister, and Assistant Matron at the Manchester Children's Hospital, Pendlebury.

### NURSE-MATRONS.

**Isolation Hospital, Bognor.**—Miss S. A. Mountford has been appointed Nurse-Matron. She was trained at the St. Marylebone Infirmary, London, and has held the position of Sister at Nover's Hill Hospital, and of Night Sister at the Borough Fever Hospital, Deane, Bolton.

### ASSISTANT MATRONS.

**Manchester Children's Hospital, Pendlebury.**—Miss Bessie Morris has been appointed Assistant Matron. She was trained at the Wirral Children's Hospital, Birkenhead, and the General Infirmary, Leeds, and has held the positions of Staff Nurse at the Jenny Lind Hospital, Norwich; Sister at the Royal Infirmary, Bradford; and of Night Superintendent and Home Sister at the Manchester Children's Hospital, Pendlebury.

**General Infirmary, Oldham.**—Miss Catherine Sutherland has been appointed Assistant Matron. She was trained at the West London Hospital, Hammersmith, where she afterwards held the position of Sister. She has since held the position of Night Superintendent at the General Infirmary, Oldham.

### MATRON'S ASSISTANT.

**Leicester Infirmary, Leicester.**—Miss Catherine Agnes Lade has been appointed Matron's Assistant at the Leicester Infirmary. She was trained at the Royal Hospital for Sick Children, Glasgow, for three years, and received her general training at the Leicester Infirmary, remaining on afterwards as Sister. In January, 1905, she joined the staff of the Registered Nurses' Society, London, membership of which she resigns, to return to the post offered to her in the former training school.

### SISTER.

**Royal United Hospital, Bath.**—Miss Dorothy K. Okey has been appointed Sister. She was trained at the Royal United Hospital, where she has acted as Holiday Sister, and was gold medallist of her year. She has also been Sister at the Hertford British Hospital, Paris.

**General Hospital, Northampton.**—Miss Edith Stuttard has been appointed Sister of a men's medical ward. She was trained at the Metropolitan Hospital, N.E., and has held the position of temporary Night Sister at the Infants' Hospital, Vincent Square, S.W., and of Ward Sister at Lord Mayor Treloar's Cripples' Home and College, Alton. She is a certified midwife.

### QUEEN VICTORIA'S JUBILEE INSTITUTE

*Transfers and Appointments.*—Miss Martha Mearns, to Bury; Miss Adelaide Morson, to Malvern Link; Miss Ellen Knowles, to Caldervale; Miss Katherine Candy, to Chepstow; Miss Ellen Johnson, to Leicester.

## Nursing Echoes.



At the soirée annually held in connection with the Bangor District Nursing Institute, a resolution expressing deep regret at the death of Miss Hughes of Bryn Menai was passed. Miss Hughes devised her beautiful place to the Queen Victoria Nurses' Institute, together with a handsome legacy, for its maintenance. It was also reported that after ten years' faithful service Nurse Walmsley, owing to failing health, had felt compelled to leave Bangor. As an expression of appreciation of her services, she was presented with a gold watch and chain and an illuminated card containing the names of the subscribers.

A booklet containing "Simple Instructions for the Laying Out of the Dead," intended for the untrained person who may find herself unexpectedly called upon to care for the dead, has been written, and is supplied, by two Queen's Nurses, 40, Onslow Road, Richmond, Surrey, price 1½d. post free. It has a short preface by the Rev. E. F. Russell.

The foundation stone has been laid by the Bishop of Cloyne at Queenstown of a Home for the community of nuns (Bon Secours), who work and nurse amongst the sick poor. Captain W. H. Rushbrook has given £500 and the site for the institution north of the Cathedral.

Two of the nurses of the Order—for they are highly-trained nurses—will be at all times specially reserved for the poor for nursing them in their own homes, in which blessed occupation they will have more than enough to do, but others will be provided for the object if necessary. The Sisters will be at the disposal of the doctors, Catholic and non-Catholic. They will be also at the call of the poor themselves whenever sent for, and the priest or Protestant clergyman who approaches them will find them in readiness to attend any call of Catholic or non-Catholic, and if called to a non-Catholic the Bishop undertakes that they will strictly confine their services to nursing, and will not interfere with the religious convictions of those who are not members of the Catholic Church.

One of the nurses who accompanied Miss Nightingale to the Crimea, Mother St. George

of the Convent of the Faithful Virgin, Norwood, has, the *Daily Telegraph* announces, just celebrated the diamond jubilee of her religious profession. It was in the year 1854 that the War Office appealed to Bishop Grant of Southwark for ten Sisters of Mercy, and as only five could be spared from Bermondsey, he appealed to Norwood for the rest. The Superior immediately volunteered, and the Sisters eagerly desired to be selected. The decision was made on a Saturday, and on the Monday following, October 23rd, 1854, the Sisters started on their memorable journey, crossing from Folkestone to Boulogne, and then embarking from Marseilles in the "Vectis," which Mother St. George recalls was nearly wrecked in the Dardanelles. On their arrival she worked with Miss Nightingale at Scutari, and has the most pleasant memories of her kindness. Only last year on this memorable anniversary Mother St. George wrote to Miss Nightingale and received a gratifying reply.

Besides her work in the Crimea, she has worked in France, the West Indies, and at Folkestone, and has now returned to Norwood to the joy of the children there. On the occasion of her diamond jubilee, Archbishop Bourne called upon her, and the Pope sent congratulations. Two others of the little band of Sisters of Mercy who saw service in the Crimea are Mother Mary Stanilaus and Mother Anastasia, who are both now at the Hospital of St. John and St. Elizabeth.

We congratulate the Matron and nursing staff of the Essex County Hospital, Colchester, who at one o'clock on Sunday morning promptly dealt with an outbreak of fire in the pathological block. A night nurse gave the alarm to the rest of the staff, and under the direction of the Matron, Miss Bannister, and with the assistance of the dispenser, Miss Cassie, the nurses proved the value of their training in fire drill to such good purpose that before the fire brigade arrived, the fire, owing to their knowledge and good discipline, had been extinguished.

Dr. Anna Hamilton and the Directors of the Maison de Santé Protestante, Bordeaux, are to be congratulated on the very interesting report, which is always a record of progress, just issued for 1909. The Secretary's report refers to the generous gift of Mlle. Bryant, a former pupil and *sous chef-taine*, who, when recalled home for family reasons, made a gift of 20,000 francs, the interest of which is to be used to double the salaries of the two staff nurses. Miss Bryant desired to improve the financial



position of the staff nurses, and to ensure to the Directrice well qualified assistants.

Dr. Hamilton, in her report, pays a high tribute to Miss Bryant's work, and to the faithfulness with which she discharged every small duty. She adds, "She knows my gratitude, but I could not let this occasion pass without expressing it officially."

During the year six new graduates have been added to the number of nurses certificated by the hospital, in all 49, several of whom hold the position of Directrice in various French hospitals. Special care is taken to prepare the pupils during their training to fill these important posts, and instruction is given in administrative work, and by Mlle. Schweighäuser in domestic management.

Miss Edith Gregory, who now holds the position of Sister in the hospital, writes happily of the work. She reports that the pupil nurses are very intelligent and well educated, work very hard, and are very capable. They are keen to be taught anything new. Miss Gregory speaks of Dr. Hamilton's work as "marvellous." She is very interested in the variety of food provided for the patients, and in the way in which it is served. We have alluded before to the capacity of "Mme. Economé" in the Bordeaux hospitals. We have no one quite like her in this country.

The *Garde Malade Hospitalière* announces the formation of a new section of the "Union Girondine Anti-alcoolique" for hospital nurses, founded by a group of nurses who realise the social duties which this honourable title imposes on them. Our contemporary warmly supports the new movement, and publishes a report of a lecture given by a member of the committee of the Union to the pupils of the Bordeaux Schools, as a result of which sixty applications for membership were at once received. The new association is designed to interest nurses in one of the gravest problems of the present time, the struggle against inebriety, and to enable them to take an effective part in it. The obligations of those who join the association are to pay a small subscription and to promote its propaganda on all possible occasions.

### The Burning Question.

On Saturday, the 30th April, at 7 p.m., the burning question of the State Registration of Trained Nurses will be under discussion at the Conference at the Horticultural Hall, Vincent Square, S.W. The Session will open with a Paper in support of reform by Miss A. Hobbs,

R.B.N.A., and that valiant "anti," the Hon. Sydney Holland, will act as spokesman for the opposition. It would be altogether more seemly if an opposing Matron would come out in the open and discuss the pros, and cons, of this professional question with her colleagues. As the employer of the most lucrative nursing staff in the Metropolis, the Chairman of the London Hospital is always at a disadvantage, as so long as huge profits are made by diverting the greater part of the private nurses' fees to the general purposes of the hospital, he can never convince trained nurses who are business women that they are not desperately in need of State registration and protection.

Anyway, we presume there are some staid hobbies about in the vicinity of Vincent Square on Saturday nights!

### Practical Scheme for Red Cross Work.

Next week we shall publish an admirable practical article by Mrs. Netterville Barron, of Ascot, and a member of the Leicester Infirmary Nurses' League, suggesting a "Scheme for the Organisation and Proper Management of the Work now being undertaken by the Branches of the Royal Red Cross Society."

It is a very suggestive scheme, and just what is required to encourage volunteers to come forward who will be allotted duties and taught how to perform them.

### A Terrible Tragedy.

Our announcement last week of the sudden death of Mrs. Hampton Robb, which occurred on Saturday, April 16th, aroused the very deepest sympathy with her colleagues and family amongst her friends in this country. The sad manner of her death has now become known. In attempting to cross the electric car tracks at Cleveland, U.S.A., the city in which she resided, and to avoid an automobile she stepped on to what is known as the "devil's strip," hoping that there would be room to stand, but this being too narrow she was caught and crushed between two cars. When released she was unconscious, and closed her eyes in death as she was lifted into the automobile to be taken to St. Luke's Hospital, where it was found that the vital organs of the chest were mortally injured.

The friend who was with her, in the emergency stepped forward instead of backward, and, although incapacitated by shock, mercifully received no injury.

Mrs. Robb's funeral took place at her birthplace, Welland, Ontario, Canada, on Tuesday, April 19th, and indescribable grief at the manner of her tragic death overshadows the whole American nursing world.



## The Hindhead Nursing Home.

The Matron of the Hindhead Nursing Home, Miss Wortabet (member of the Matrons' Council) may well be proud of having attained the nearest approach to perfection which has yet been reached in England with regard to home hospitals.

The Home was built for the purpose, and is situated amidst the most beautiful scenery, 850 feet above the sea level.

Forests of pine trees, heaths covered with bracken, heather, gorse, and cranberry bushes,

all parts to receive the treatment, together with the benefit of the bracing air.

The Sister in charge and one of the nurses are both nurse-masseuses and electricians, and all the other nurses are chosen for the special requirements of the Home and cases.

The Dowsing radiant heat and light baths have proved particularly beneficial to cases of neuritis, all forms of rheumatism, and skin, and kidney cases. The bath consists of a comfortable bed, surrounded by specially made reflectors, thus diffusing and projecting the electric heat on to the body (which is covered in),



The Hindhead Nursing Home, Surrey.

distant views of Frensham, Aldershot, and the Surrey hills, bring joy and hope to the patients arriving at the home for treatment and rest.

An operating theatre; an electrical department fitted up with the Dowsing radiant heat and light baths, high frequency and vibrator; verandahs and Boulton sheds complete all the requirements for surgical, medical, nerve, and convalescent cases.

Cases of pulmonary tuberculosis, and mental and infectious cases are not admitted.

The electrical department is quite a feature of the Home, as many nerve cases arrive from

a regulator controlling and ensuring heat up to 400 degs. Fahr.

The projecting reflectors can be covered with different coloured glass such as red, green, or blue, should the doctors order them.

The Home is open to all the profession, and the greatest London specialists send their patients to it where they are under the care of physicians and surgeons of high standing.

There are ten private wards, drawing-room, and lounge, apart from the verandahs and sheds where the patients lie and take their meals in the open air.

Miss Wortabet's fees are inclusive, and range from £6 6s. upwards, but she receives a limited number of gentlepeople, who would otherwise be compelled to deprive themselves of treatment through lack of means, at reduced fees. This remains a private matter, and they are treated with the same courtesy and consideration as all who enter the home. This cannot fail to be a great boon to patients so generously treated.

The house is lighted throughout with electricity, and a certificated nurse lady cook completes her staff.

Surely the material, scientific, and artistic elements are happily combined in this charming home, and Miss Wortabet is thus in a small way attaining the ideal she has set before herself for several years past.

### The Passing Bell.

We greatly regret to record the death of Mrs. Wilson (*née* Eames), who was a certificated nurse, and gold medallist of St. Bartholomew's Hospital, where she afterwards was appointed Night Sister, and later Sister of John Ward. She was a great favourite in the hospital. She married a brother of her friend and colleague, Sister Elizabeth (Mrs. Arkwright), a house master at Rugby, where she was very popular with the boys. Much sympathy will be felt with her husband in his bereavement. Mrs. Wilson succumbed to an attack of enteric fever, which she contracted while away from home.

### Practical Exhibits for Nurses.

Amongst the many exhibits of interest at the Midwifery and Nursing Exhibition at the Royal Horticultural Hall, Vincent Square, S.W., this week, nurses and midwives should make a point of visiting the following stands:—

NEWTON CHAMBERS AND CO., 331, Gray's Inn Road, W.C. (Stand 2a), where all the Izal disinfectants and specialties are on view—soap, izal cream, etc. A guide to practical disinfection can be obtained at the stand.

W. H. BAILEY AND SON, LTD., 38, Oxford Street, W. (Stand 3a). Here is to be seen a new bed-pan (the Belgrave), very light, compact, practical, and cheap; the Liberator, which can be used in place of a razor, and does its work exactly; a new style of Queen's bag, "The Improved Congress," in which the weight has been still further reduced; "Isola" flasks for keeping liquids hot for 24 hours; the Dilworth glass jar; cotton wool scissors; a copper steriliser, costing 6s.; and many other interesting exhibits.

BOVRIE, LTD., 152, Old Street, E.C. (Stand 8a), are showing their well-known preparations, Invalid Bovril, which is unseasoned, and ordinary Bovril.

LEWIS AND BURROWS, 146, Holborn Bars, E.C. (Stand 17a), have an exhibit of their celebrated

Toilet Specialties and Sick Room Requisites, many of which they are selling at reduced prices during the exhibition, instead of giving away samples; thus their "Nurse" Clinical Thermometer may be purchased at 1s. and 9d., instead of the usual prices at 1s. 6d. and 1s.

FAIRCHILD BROS. AND FOSTER, 64-65, Holborn Viaduct, E.C. (Stand 19a), are making a special display of their well known and highly valued preparations, Panopepton (soluble lean beef, and wheat flour), Pepsenica, Peptogenic Milk Powder for making fresh humanised milk, and Zymine Peptonising Tubes, for peptonising milk.

JOHN BELL AND CROYDEN, LTD., 50, Wigmore Street, W. (Stand 23a), are showing a scale model of their sterilising rooms, as well as complete operating sets to be had on hire, and the complete dressings for any given operation, sterilised and hermetically sealed. We refer to this firm elsewhere.

THE GAS LIGHT AND COKE CO., Horseferry Road, Westminster (Stand 25a), have an interesting exhibit of their gas fires, cooking stoves, and circulators, califonts, and geysers, for providing a hot water supply.

WELFORD AND SONS, LTD., Elgin Avenue, Maida Vale, W. (Stand 39a), are making a speciality of "sauermilch," prepared with organisms recommended by Professor Metchnikoff, and sauermilch whey and cheese, in addition to humanised milk and other well-known preparations.

CADBURY BROS., LTD., Bournville (Stand 48a), are exhibiting their delicious cocoa essence, as well as their various confections, which are known throughout the world.

J. AND J. TAUNTON, LTD., Balsall Heath (Stand 50a), are showing the "Elpis" Bed Rest and Foot Rest, designed by Miss Huxley, which won a prize at the International Nursing Congress Exhibition last year.

GARROULD'S, 150, Edgware Road, W. (Stand 1b), are showing many specialties, and they have also fitted up the Large Annexe as Day and Night Nurseries, where quaint nursery furniture is on view, and a clothes horse which excited much attention. The cosy red flannel cape, with sleeves, worn by the model nurse in the night nursery should be inspected.

JEYES SANITARY COMPOUNDS CO., 64, Cannon Street, E.C. (Stand 3b), have secured a splendid position, just opposite the entrance, for the display of their various preparations of Cyllin. School and District Nurses should specially note their soft soap, specially recommended as efficacious for removing vermin.

COLEMAN AND CO., LTD., Norwich (Stand 6b), are showing their wine tonic, Wincarnis, which is well known to nurses.

THE NURSING PRESS, LTD., 11, Adam Street, Strand, W.C. (Stand 11b). THE BRITISH JOURNAL OF NURSING is on sale at this Stand, as well as the *Queen's Nurses' Magazine*, Miss Lina Mollett's new poems, "The Highway of the Sun," the paper on "Morality in Relation to Health," by the Hon. Albinia Brodrick, and other nursing publications. Literature in relation to State Registration of Nurses is also obtainable.

KEEN, ROBINSON, AND CO., LTD., Denmark Street, E. (Stand 13b), are exhibiting Robinson's "Patent" Barley and "Patent" Groats, which are widely appreciated by nurses.

MESSRS. WELLS AND CO., 78, Aldersgate Street, E.C. (Stand 27b), manufacturers of Nurses' Cloaks and Bonnets, are showing all their well-known specialities, and especially the "Dubleware" Collar Protector, which is designed to prevent the rapid damage caused to dresses and cloaks by the linen collar.

MME. KATE CAMERON, 59, South Molton Street, Mayfair, W. (Stand 28b), a hospital certificated nurse, is exhibiting her patent belted corset, and ideal maternity corset. Mme. Cameron stocks comfortable corsets for nurses at moderate prices.

SOUTHAL BROS. AND BARCLAY, LTD., Birmingham (Stand 39b), should certainly receive a visit from visitors to the Exhibition. Amongst their new inventions is a very convenient suspender for their sanitary towels. An excellent nursing apron of flannel, and waterproof material attached, will commend itself to monthly nurses and midwives, and their other specialities have only to be seen to be appreciated.

THE MEDICAL SUPPLY ASSOCIATION, 228, Gray's Inn Road, W.C. (Stand 43b), are showing a variety of appliances useful to nurses, who should not fail to visit this stand. Specially noticeable is a silver-plated steriliser which by means of tubing can be attached to an ordinary gas-burner. The "Grevillite" specialities are also noteworthy.

J. S. FRY AND SONS, LTD., Lever Street, E.C., chocolate manufacturers, and makers to the King and Prince of Wales, are exhibiting their pure concentrated cocoa, malted cocoa, and "Five Boys' Milk Chocolate."

A very interesting exhibit is that arranged by the Nurses' Social Union, with a section by the Queen Victoria Jubilee Institute. On the walls are striking diagrams, *e.g.*, of a sanitary bottle for an infant, and the one with a long tube forbidden by law in several foreign countries: "the great disease carrier" (the fly); a method by which adenoids are caused, etc.

Exhibits which attract much attention are the "Baby bin," which is made of quite an ordinary crate, and used at first as a cradle. When the child is older an ingenious seat and sliding table can be inserted, and the child amuses itself happily and in safety.

The chair carrier, invented and patented by Miss Sewart, Queen's Nurse, can be adjusted to any chair, by means of notches and pins, and the handles are movable, to suit both level ground and stairs. The carrier weighs only 8 lb., and has been taken on a bicycle for miles.

An ingenious device is a steam kettle for an Irish cabin, arranged by one of Lady Dudley's Nurses. A red hot peat is put into an ordinary pot, first warmed so that the peat does not smoke. A kettle filled with boiling water placed on the peat will keep steam for hours.

A hat with veil of mosquito netting, and tale window inset is another exhibit.

## Sterilised Dressings for Private Nurses.

One of the most anxious cares of the Superintendent of a nursing home, and of a private nurse, summoned hurriedly to an operation case, is to ensure the certain sterilisation of the dressings for which they are responsible. True most homes have now their own sterilisers for dressings as well as instruments, but the smaller sterilisers have not always a vacuum producing apparatus sufficiently strong to ensure dressings and bandages being thoroughly dried after sterilisation.

One of Adam Smith's classic arguments for the division of labour is that "the dexterity of the workman is increased," and this is true of the technical work of sterilisation—both machinery and mechanic come nearest perfection when constantly engaged in one employment.

Realising this, Messrs. Bell and Croyden, of 50, Wigmore Street, W., in the heart of the Nursing Home district, and most centrally situated for private nurses, have made a speciality of supplying sterilised dressings, bandages, aprons, etc., and here, at any hour of the twenty-four, they may be obtained by nurses suddenly summoned to cases in the perfect certainty that they are aseptic. A visit to this establishment shows Manlore and Alliot's latest type of high-pressure autoclave installed in a specially designed chamber, glass-lined, and with rounded corners. The dressings sterilised in this disinfectant are subjected to steam for 30 minutes at 22 lb. vacuum pressure, at a temperature of at least 260 degs. Fahr. An automatic chart registers the pressure and length of time in the chamber, and there is a counter check on this also. The dressings, packed in patent metal drums, are then removed at the other side of the steriliser, in a sterile room, and hermetically sealed under absolutely aseptic conditions. A great advantage is that these drums are so inexpensive that they can be destroyed after use.

Surgeons' own dressings are sterilised and kept ready, so that they can be instantly despatched to any address.

In addition to dressings, complete outfits for aseptic operations can be supplied on hire from 21s., or an operating table only from 7s. 6d., and the messenger will place the table in position for the nurse if so desired.

The firm has just brought out a folding operating table (the Croyden), which seems to be the last word in strength, portability, lightness, and cheapness. It is made of steel, and the framework is painted with aluminium paint. It must be seen for all its good points to be fully appreciated, but they are many, and the cost is only £8 15s.

Private nurses should certainly keep by them the firm's list of surgical and other necessities, and of sick room requisites to be obtained on hire. Maternity nurses should note that they supply a sterilised maternity outfit consisting of two accouchment sheets 32 x 32 inches, and 24 x 24 inches, and other necessities for 21s.

A model of their sterilisation rooms are on view at the Nursing and Midwifery Exhibition (Stand 23a).



## Our Foreign Letter.

FROM ROME.

Polielinico, Roma,  
17th April.

Fourteen days ago the little band of pioneer nurses, with their first ten Italian probationers, took over the nursing of the first surgical pavilion here—a small beginning, seemingly, but one which we believe will have wide-spreading results, and is consequently worth whatever it may cost in effort.

The fourteen days and nights have been strenuous—physically and mentally. Five to eight operations alternate days, dressings of the majority of the 75 patients, and “specializing” operations and hopeless cases, have proved the need of further staff, and Miss Conway has come on from Bordighera (kindly spared by Miss Bryant), and Miss Beauty is starting from London, to aid with hands, minds, and tongues (they speak Italian) in the “great endeavour.”

It is difficult to give details of the work—of what is being reformed—for we are—in a way—guests in a foreign land. We want to help, not to criticise. Years ago Miss Nightingale wrote me, when I returned to Italy after my year at the Royal Infirmary, Edinburgh:—“Patience and prudence, as e.g., not extolling English things to Italians, as saying, ‘I do so and so in Great Britain.’”

Theoretically speaking, this standard is the only one compatible with courtesy; but reformers cannot always wear velvet gloves. Much must be wrestled with, much uprooted—only . . . we should always aim at *doing silently*. And consequently it is not an easy matter to write anything that is really true all round.

Another saying of Miss Nightingale’s often comes back to me. A year later, when I was going to Naples, leaving our first Roman pupils to the nuns at S. Giovanni, she wrote me:—“I am sure you will remember it is only *personal* work that can do things. . . . Stand your ground and kiss your enemy’s nose is one of the secrets of life. . . . A large Tom cat of mine came into the room and ran at my two little kittens. The larger and handsomer kitten ran away. The smaller stood her ground till the big Tom cat came quite close, and then . . . she kissed his nose and made peace. Now, take up your ground, my dear Miss Turton, and stick to it. . . . Go on perseveringly and prosper.”

For all of us these are words of really inspired wisdom. If even half of us really succeed in *living* them, success will be a certainty, nay, since our leader does live them, even one-third of us by following her, will ensure victory.

“Hold your ground, but kiss your enemy’s

nose.” A smiling insistence of attitude in other words, whenever certain that the point to be gained is undisputably right.

The first point thus gained, I think, was—screens. In our hospitals here such “luxuries” are obtainable only (and not always) for the dying. But the first pavilion now possesses scarlet twill screens, a vivid note in the colourless wards, and one which, with the really charming green and white frocks of the probationers makes up the red, white, and green of the Italian flag.

The first corollary of screens, systematic washing, is an innovation which is almost invariably appreciated. The routine evening, “face, hands, and back washing” causing gratitude and surprise.

The first night drew forth the remark from the Suora in charge, “How quiet the wards were; no one seemed to ring.” And the *cure amorose* of the new nurses seem to make even deeper impression on the patients than their skill. The real nurse touch, voice, and manners are a revelation, even when the words are limited by being in an unknown tongue.

Petrucio, the pet boy of the men’s ward, holds conversation with his Sister, clinging on to her finger, each holding to their mother tongue. In the women’s ward a five months’ baby, left by its mother to the nurse’s charge, thrives on its biberon, sleeps its six or seven hours at night, plays with its nurse’s cap strings in usual baby fashion, and . . . after four or five mornings of experience discovered that it *liked* a bath. The men take off their white caps with a royal sweep as the Matron speaks to them; many try to explain how well contented they are—even with the increased ventilation!

Already patients are leaving off calling perpetually for attention: they have learnt that everything will be done for them in due time—that ought to be done—and without “the hateful tip”!

In conclusion (for to-day—but soon more news will follow) I must quote an extract from Goethe which chanced to be on the Worker’s Calendar the 4th, our day of taking over the wards:

“Are you in earnest? Seize this very minute:  
What you can do, or dream you can, begin it;  
Boldness has genius, power, and magic in it.  
Only engage and then the mind grows heated;  
*Begin, and then the work will be completed.*”  
Could there have been a better omened quotation for us, and for Italian sick folk?

M. A. TURTON.

## Practical Points.

## Hiccough.

Obstinate hiccough may sometimes be successfully checked by depression of the tongue by a spatula or spoon.

Substitute  
Feeding Cups.

When nourishment has to be given to a helpless patient, and a proper feeding cup is not available, a good substitute is a small teapot. This method of administering nourishment to the helpless is frequently resorted to in poor districts of the Metropolis.



## Book of the Week.

## A MODERN CHRONICLE.

Mr. Winston Churchill (U.S.A.) has given us a remarkable book, a distinctive feature of which is an unusual power of portraiture. The people live and speak to us, and we are caught up into the atmosphere they create, be it ever so unfamiliar. In the heroine, Honora, we have the most striking instance. She is introduced to the reader as a beautiful distinguished child, living with Aunt Mary and Uncle Tom in St. Louis, "a somewhat conservative old city on the banks of the Mississippi River." In spite of their devotion to her, which she warmly returns, the narrow life in the quiet home wearies and frets the girl, who is blessed or cursed with "temperament."

We are made perfectly acquainted with gentle Aunt Mary and her husband, come under the spell of their peaceful life, share the joy of his flowers with Uncle Tom, at the same time that we are being infected with the restlessness of the young thing who "supposes it would be better to be contented where I am. But its no use trying—I can't."

"Sometimes when she looked in the mirror she was filled with a fierce belief in a destiny to sit in the high seats, to receive homage, and dispense bounties. . . . To escape—only to escape from the prison walls of a humdrum existence and to soar!"

When she is a tall slip of a girl of sixteen she takes to lecturing her devoted slave Peter, who, a man of thirty, is patiently waiting for the time when he shall woo her.

"You ought to dress as though you were somebody, and different from the ordinary man in the street."

"But I'm not," objected Peter.

"Oh," cried Honora, "don't you want to be? I can't understand any man not wanting to be."

Her opportunity comes—she is given a year at a fashionable boarding school, and from thence goes on a visit to a school friend in a luxurious country house.

Her beauty and charm bring lovers in plenty, but she chooses, curiously, a common-place, well-groomed and dressed, young financier, under the double delusion that she is in love with him, and that she will at last attain her ideals. We are enabled to get a glimpse of her state of mind when, on the day following her engagement, the "Vicomte" also sues for her hand. She reflects regretfully that she might have been a Vicomtesse and lived in a castle.

"A poor Vicomtesse, it is true."

Judge then her feelings when, after her marriage, she finds herself established in a suburb in New Jersey. "Honora's house, the first on the right, was exactly like the other five. If we look at it through her eyes we shall find this similarity its chief drawback." The iron of the suburbs entered into her soul, added to which she gradually awakens to the knowledge that the man she has married is a mere money-making machine, so that when at last she becomes possessed of a house in New York it is

to her as the ashes of Sodom, and riches spell to her vulgarity. Surrounded by society of the worst taste, she listens to the pleading of Hugh Chiltern, well born, but wild and lawless, to divorce her husband, which, according to her maid is, in the Western States, "simple comme bonjour."

Her passionate determination to hold this man's love keeps the reader enthralled. The refusal of the neighbourhood which surrounded Hugh Chiltern's estate to recognise their union angers and embitters him, and his waning love leaves poor Honora more desolate than ever. Disaster, or Providence, perhaps, intervenes, and he is killed in a mad tussle with a vicious horse.

But in the end we are led to believe that this stormy life finds calm harbourage with Peter, whose faithful love remains unshaken through all. It is impossible in a short space to even allude to half the characters in this absorbing book, all of which are sketched with convincing skill.

H. H.

## WOMEN AND TOTAL ABSTINENCE.

The Women's Total Abstinence Union will hold a Public Meeting at the Caxton Hall, on the afternoons of May 4th and 5th. On the latter date Mrs. Servante, the President, will be in the chair at 3 p.m., when the seven Leagues affiliated to the Union will be represented on the platform, nurses by the Hon. Mrs. Eliot Yorke, deaconesses by Mrs. W. S. Caine, and midwives by Dr. Mary Rocke.

## COMING EVENTS.

April 29th and 30th.—Midwifery and Nursing Exhibition and Conference, Horticultural Hall, Vincent Square, S.W. 12 to 9 p.m.

April 29th.—Guy's Hospital Nurses' League. Annual Meeting and second Annual Dinner. Nurses' Home, 7 p.m.

April 30th.—Meeting to consider Memorial to Miss Isla Stewart, Clinical Lecture Theatre, St. Bartholomew's Hospital, E.C., 3 p.m.

May 3rd.—Guy's Hospital, S.E. Post Graduate Lectures. "After Treatment of Abdominal Operations." By E. C. Hughes, Esq., M.C. Nurses' Home, 8 p.m.

May 3rd.—The Infants' Hospital, Vincent Square, S.W. A Course of Lectures on Babies (price five shillings). 1.—The Chemistry of Infantile Digestion. By Dr. Ralph Vincent. Lecture Theatre, 5 p.m.

May 7th.—General Hospital, Birmingham, Nurses' League. Third Annual Meeting at the Hospital, 3 p.m. Social Gathering, 4.15 p.m.

May 11th.—East End Mothers' Lying-in Home, Commercial Road, E. Annual Meeting, Mansion House, Lord Mayor in the chair, 3 p.m.

May 12th.—Guy's Hospital, S.E. Post Graduate Lectures. "The Mental Factor in Disease." By H. C. Cameron, Esq., M.D. Nurses' Home, 8 p.m.

## WORD FOR THE WEEK.

"With time and patience, the mulberry leaf becomes silk."

## Letters to the Editor.



*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in any way hold ourselves responsible for the opinions expressed by our correspondents.*

## THE TEACHING OF NURSING BY NURSES.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—I am glad to see that the question of nursing being taught by nurses is being taken up now. There are probably many doctors who lecture continually for the St. John Ambulance Association on Nursing, and others, who are well up in the subject, but there are general practitioners who are arranging and giving the lectures for the Red Cross Society in their own towns who find the nursing lectures rather trying. There must be very few doctors who nurse their patients, and there are many little things, as every nurse knows, that need experience and practice, as well as theory. Matrons, Sisters, and trained nurses are considered capable of lecturing to and teaching probationers in a hospital, women who are taking up nursing professionally, thoroughly, and seriously, and have to be taught many things of which home nurses would probably never hear. Surely they would also be capable of giving home nursing lectures—and although the lectures for the Red Cross Society have a serious object in view other than home nursing, the syllabus is practically the same as for the ordinary St. John nursing lectures.

Miss Brunning thinks that nurses would not have the time necessary, and that their patients need them in the evening when lectures are generally given; certainly a private nurse in practice would find it difficult to give the time. Patients and friends might very reasonably object, and a private nurse does not usually know how long she will be with a patient, but might have to leave for quite a different or distant place before the course was finished; but all are not private nurses; there are Superintendents of Homes and Institutions, Matrons, Assistant Matrons, Home Sisters, Ward Sisters, or Staff Nurses of hospitals who could easily spare one evening a week to give the lectures in their own district. A nurse when off duty for a certain time has that time free, another taking her place in the hospital or with the patient; a doctor does not know if he will be called away just as he is starting out, or if he will be fetched away from the lecture; he cannot feel free in the same way that a nurse does when off duty. This, of course, is a minor detail, but I think a nurse, except, perhaps, a private nurse in active practice, would find time as easily as a doctor. School nurses, district nurses, health visitors, and inspectors of midwives generally have their evenings free, many are also lecturers on nursing, hygiene, first aid, elementary anatomy, etc.

I am a trained nurse and certified midwife, and have had long experience in hospital as a nurse, also experience as Sister. I have done district nursing, lecturing, and private nursing, and therefore can speak from a professional point of view from many sides.

I am, yours truly,

E. S. SILLS.

Oakham.

## Comments and Replies.

C. S. T., Edinburgh.—There are Y.W.C.A. homes in Rome, Turin, and Milan. Address at latter: 7, Via Giuseppe, Prina. The address in Paris—Students' Hostel, 93, Boulevard St. Michel.

Private Nurse, Liverpool.—A very satisfactory cover for an indiarubber hot-water bottle may be made by knitting in a soft wool of medium thickness a strip, slightly wider and double the length of the bottle, and then stitching the two sides together. The top should be finished with a crochet edging, in which a cord can be run.

## NOTICE.

## POLICLINICO HOSPITAL, ROME.

All applications received by Mrs. Bedford Fenwick have been forwarded to Miss Dorothy Snell, Matron of the Policlinico Training School at Rome, to whom applications for the position of Staff Nurse may now be sent direct.

## Notices.

## THE SOCIETY FOR THE STATE REGISTRATION OF TRAINED NURSES.

Those desirous of helping on the important movement of this Society to obtain an Act providing for the Legal Registration of Trained Nurses can obtain all information concerning the Society and its work from the Hon. Secretary, 431, Oxford Street, London, W.

No habitual reader of this journal can, we feel sure, be content to stand aside and let others found the future Profession of Nursing. Now is the time to help.

## CONTRIBUTIONS.

The Editor will at all times be pleased to consider articles of a suitable nature for insertion in this Journal—those on practical nursing are specially invited.

Such communications must be duly authenticated with name and address, and should be addressed to the Editor, 20, Upper Wimpole Street, London, W. Advertisements and business communications should be addressed to the Manager, BRITISH JOURNAL OF NURSING, 11, Adam Street, Strand, W.C.

## OUR PUZZLE PRIZE.

Rules for competing for the Pictorial Puzzle Prize will be found on Advertisement page xii.

# The Midwife.

## The Midwifery and Nursing Conference.

The third Annual Midwifery and Nursing Exhibition was opened at the Royal Horticultural Hall on Wednesday, April 27th, by H.R.H. Princess Christian, who was supported on the platform by Lady Balfour of Burleigh and Miss Alice Gregory and Miss Lucy Robinson, certified midwives. Dr. Champneys, in the name of the Conference, thanked the Princess for her presence and sympathetic interest, and this was seconded by Sir Dyce Duckworth.

Her Royal Highness, in declaring the Conference open, expressed her appreciation of the kind wish that she should open the Conference and be its President. It was now forty years since she began to take a deep interest in nursing. Nurses could not be too perfect in order to be just what the doctors wished them to be.

The Princess accepted a handsome basket of flowers, in which the Red Cross stood out against a white background, presented by the little son of the Organising Secretary of the Exhibition, Mr. Ernest Schofield.

### THE CONFERENCE.

Dr. Champneys presided at the opening Session of the Conference. Miss Lucy Robinson, certified midwife, presented the first paper, on

#### THE LIVING WAGE FOR MIDWIVES IN RURAL DISTRICTS.

Miss Robinson said that in the villages and rural districts there were various ways in which midwives could be maintained. They could work as Queen's Nurses in connection with the Queen Victoria's Jubilee Institute, when they were paid a fixed salary, but the greater part of their work was then nursing; under County Nursing Associations, when they also had a fixed salary, and combined nursing and midwifery; but all over England there were small rural districts needing the services of midwives, and the reply to the question: "Can a living wage be made out of midwifery alone" must be in the negative. Midwives must have some other means of support. The average income of a rural midwife working on her own account was probably £16 a year.

Sometimes married women added to their income by taking midwifery cases. Sometimes wives and daughters of the clergy undertook it. But this did not touch the fringe of the question. In other European countries midwives had the advantage of status, salaries, and pensions. We had now a definite status, but the office of a midwife was a patriotic and sacred one, and she deserved assistance. Even if that assistance was represented only by a rent-free cottage it would be a great help to her.

Referring to the fact that women were now afraid to render assistance to lying-in women in

emergency, Miss Robinson told a quaint story of a patient whom she had occasion to visit, who had been alone and unaided at the time of her child's birth. She had rendered first aid to herself with considerable skill, "but," she confessed, "I was horribly frightened, because, you know, it is now against the law!"

#### THE COMBINED DUTIES OF THE DISTRICT NURSES AND MIDWIVES.

Miss Macqueen, Nursing Superintendent for England, Q.V.J.I., dealt with the above aspect of the midwifery question in place of Miss Amy Hughes, who is on her way to Australia to organise the district nursing there. Discussing whether a combination of the duties of nurse and midwife was desirable, and the standard for nurses in country districts, Miss Macqueen said that there was no doubt that the best trained nurse (i.e., the thoroughly trained Queen's Nurse) was the best. But there were two difficulties in her employment. There were only a limited number of highly-trained nurses willing to work in the rural districts, and midwifery does not attract a great many; there were not enough to go round. And secondly, there were often not sufficient funds available to pay the salary of a fully-trained nurse. The alternative was the village nurse, under the supervision of the Superintendent of a County Nursing Association.

The experience for six years of the Queen Victoria's Jubilee Institute proved conclusively that the duties of nurse and midwife could be combined. There was, moreover, a very limited demand for women who were certified midwives only, but the demand for midwives with twelve months' general training as nurses exceeded the supply. She was not prepared to say that this combination of duties was ideal, but at the present day it met a need. In conclusion Miss Macqueen said that district nursing was one of the greatest preventive agencies of modern times.

The Discussion was opened by the Hon. Lady Acland, who said that the work of midwives in the rural districts was onerous and not very popular, and they should not be expected to do all they did for nothing, or be in constant anxiety concerning their daily bread.

Mrs. Eddie (National Association of Midwives) said that nationally and collectively we paid for Dreadnoughts for the safety of the country, and why not pay nationally and collectively for midwives for the same purpose. She was opposed to combining midwifery and nursing. She thought midwives should specialise in the one thing and keep to that. She did not approve of midwifery being undertaken for pocket-money wages. That was keeping down the payments of the women who had to maintain themselves. She put the living wage for a midwife, at 100 cases per annum, at 15s. each.

Dr. Bygott (M.O.H., Barking) commented strongly on the fact that some associations do not



allow midwives to attend single women in their confinements. The child would be handicapped all through life, and it should at least enter the world under good conditions. Charitable ladies hardly realised the effect of this rule.

#### THE PREVENTION OF INFANTILE BLINDNESS.

An admirable paper on "The Prevention of Infantile Blindness" was read by Dr. Nimmo Walker (Liverpool). He said there were two principal methods of prevention—(1) prophylactic, and (2) curative treatment. Under the first heading he discussed Credé's method, and asked whether it was desirable for a midwife to assume that the eyes of every infant are infected, and to treat them with strong chemicals, or to adopt the aseptic method. In his view the latter course was the right one. In the first place no antiseptic was known which would infallibly prevent infection; and secondly, antiseptics in unskilled hands might injure the infant's eyes. He described two cases brought to the St. Paul's Eye Hospital, Liverpool, of severe inflammation in the eyes of two infants, at an interval of three months. There was no trace of infection as the cause, and both cases were proved to have occurred in the practice of the same midwife, whose habit it was to drop a solution of corrosive sublimate into the eyes. Other objections were that the instillation might cause infection, and that to teach a midwife to interfere with the eyes in health was to teach her to treat them in disease. Better results were obtained from the aseptic method than from Credé's method. In every town there should be a hospital with an ophthalmic department, to which midwives should be able to send suspected cases on the first day. The mothers should also be admitted, because bottle-fed babies were handicapped. He described the success of this method in connection with the St. Paul's Eye Hospital, Liverpool, so that infantile blindness had been considerably reduced.

Lady St. Davids (Hon. Secretary of the South Wales Nursing Association) said that her interest in the question had first been aroused by visiting a blind asylum.

Miss Blomfield (Matron of Queen Charlotte's Hospital) said that in her experience cases of ophthalmia were by no means invariably due to the carelessness of the midwife. She thought that the midwife should have the power to treat infected eyes with a chemical agent. It was of the utmost importance that treatment should begin immediately, and why should not a well-trained midwife have that power?

Mrs. Lawson (National Association of Midwives) supported Dr. Walker's view. She advised those who advocated routine treatment of eyes by a chemical agent to drop a solution of 1 in 6,000 perchloride of mercury into their own eyes. She thought they would have an uncomfortable night.

Dr. Bygott, Miss Elsie Hall, and other, having taken part in the discussion, Dr. Walker replied to the questions raised.

#### THE REPORT OF THE DEPARTMENTAL COMMITTEE.

Mr. F. E. Fremantle, F.R.C.S., then reviewed the report of the Departmental Committee appointed to consider the working of the Midwives' Act. Two of the principal points which the Com-

mittee had to consider were "supply" and "training." With regard to the size of the Board he was bound to say there was somewhat extravagant representation of medical men. The Committee recommended that the representative of the Midwives' Institute should be a midwife, and that the representation of the R.B.N.A. should be discontinued, as the midwives amongst its members were a negligible quantity.

Miss Alice Gregory (member of the Midwives' Committee of the L.C.C.), thought that the recommendations of the Committee were positive and negative. In the *positive conclusions* the interests of the doctors, ratepayers, and Central Midwives' Board were considered, those of the midwives glanced at, while the mother seemed to have been overlooked. The *negative conclusions* stated that there was no need for an increase of midwives, as there was no shortage, but this was only because dirty old women were working under the authority of the Midwives' Board, and the public acquiesced, as these women were inexpensive.

Another negative recommendation was that the standard of examination should not be raised. Was there any reason why the Midwives' Board should be coerced to keep it at its present irreducible medium, behind other European countries.

Miss Gregory was opposed to the payment of medical men by Boards of Guardians, and the consequent pauperisation of self-respecting patients.

Dr. Bygott strongly opposed the payment of medical practitioners called in to the assistance of midwives by the Poor Law Authority. He said the way many Guardians treated the sick was disgraceful, and any who had worked amongst the poor knew how they loathed parish relief.

Dr. Fremantle, defending the recommendation of the Committee, said that the Guardians were a popularly-elected authority. We might return to government by a benevolent despotism, but at present our form of government was democratic.

Mrs. Bedford Fenwick repudiated the idea that any form of government was democratic under which women had no votes.

#### DIRECT REPRESENTATION ON THE CENTRAL MIDWIVES' BOARD.

Mrs. Margaret Lawson, President of the National Association of Midwives, presented an excellent paper on the above subject. She commented on the fact that midwives had no strong association at the time the Midwives' Act was under consideration, and so they had no voice in framing the regulations by which they were governed. She showed that midwives are required to report a case of sepsis under penalty, but that a medical man is paid for so doing; that there is no direct representative of the midwives on the Central Midwives' Board; and she further described the composition of the Local Supervising Authority under which she works—with some of the members of which she is in financial competition. She claimed that there should be at least one working midwife on the Central Midwives' Board and the L.S.A. The interests of the mothers were as safe in the hands of the midwives as of any other section of the community, and they demanded a share in shaping their own destiny.



Mrs. Stephen Glanville opened the Discussion, and advocated the representation of the interests of midwives through the representative of the Midwives' Institute. She urged midwives to join the Institute so that they might take part in the election of this representative.

The time limit being reached, the Session was brought to a close with a few concluding words from the Chairman. It is very unfortunate that this subject of vital importance to midwives should have been the last on the programme, and that the discussion was thus curtailed.

Afterwards a strong feeling was expressed by Manchester midwives and others that as the discussion was brought to a conclusion before any members of the audience had had an opportunity of expressing their views on this question of Direct Representation, which is by far the most important before the midwives attending the Conference, that a further meeting on this subject should be arranged.

At the conclusion of the Session many of those present went on to the Midwives' Institute, where tea was kindly provided, and where there was an interesting little exhibit, including the wadded quilt on which Italian women nurse their babies, and a swathe used in the same country.

## The Central Midwives' Board.

The monthly meeting of the Central Midwives' Board was held in the Board Room, Caxton House, Westminster, S.W., on Thursday, April 21st, Dr. F. H. Champneys in the chair.

### CORRESPONDENCE.

The correspondence considered included a letter from Dr. Scurfield, Medical Officer of Health for Sheffield, reporting that both an unqualified medical man, and an unqualified dispenser, were acting as male midwives in that locality. He stated that it does not appear from Section I of the Midwives' Act that it is an offence for an unqualified male midwife to undertake midwifery, and considered that the Act needed amending to include male midwives. He enquired whether a medical man who sanctioned the practice of a male midwife would be "covering" an unqualified practitioner. On the suggestion of Sir William Sinclair, the Secretary was directed to suggest to Dr. Scurfield that he should communicate with the General Medical Council.

A letter was also considered from the Secretary of the Kenilworth Maternity Nursing Association, inquiring if her Association was legally responsible for the fee of £1 ls. for medical practitioners called in at the instance of the midwives of the Association. The Board considered that a letter already written by the Secretary in connection with this matter answered the question.

The Secretary reported that the County Council of Pembroke had neglected to supply a list of midwives practising in the county, and declined to do so. The Secretary was directed to inform the Clerk to the Pembroke County Council that unless the apportionment due from that Council to the

Central Midwives' Board was received by April 30th that proceedings would be taken to recover the same.

### REPORT OF STANDING COMMITTEE.

A letter was received from a certified midwife advertising a patent medicine. It was agreed to inform the midwife that if she does not forthwith discontinue the use of the letters "C. M. B." affixed to her name, and the advertising of the patent medicine, she will be cited to appear before the Board. The displayed heading of her letter paper was as follows:—"Indigestion Cure, Anti-Dyspeptic Pills, in boxes, 1s. 1½d., 1s. 9d., or 2s. 9d. Give them a Trial. Dr. to Nurse —, C.M.B. and G.T.N., Daily Visiting Nurse and Masseuse. Resident Patients received. Terms moderate."

### REMOVAL FROM THE ROLL.

The applications of 14 midwives for removal from the Roll for various reasons were granted.

### PROCEDURE ON APPLICATION TO BE CERTIFIED UNDER RULE B 2.

The Board, on the recommendation of the Standing Committee, passed the following resolutions, regulating admissions to the Roll under the new rule sanctioned by the Privy Council:—

(1) "That the form of application, and the certificate in support thereof, be the same as used in similar applications down to March 31st, 1905." (2) "That the fee payable be one guinea." (3) "That the grant of a certificate without requiring training or examination be limited to those who have been practising, and desire to continue to practise, as midwives in England or Wales." (4) "That women holding qualifying certificates, and resident in England or Wales, who produce evidence of good character satisfactory to the Board, may be admitted to the examination without being required to undergo further training."

### APPROVAL AS TEACHER.

The applications of W. E. Turner, Esq., M.R.C.S., and G. E. Hely Hutchinson Almond, Esq., M.B., for approval as teachers, were granted.

### APPROVAL TO SIGN FORMS III. AND IV.

The applications of the following midwives for approval to sign Forms III. and IV. were granted: Marion Alice Bailey (No. 22926), Gertrude Maria Gibbins (No. 27738), Elizabeth Ann Stephens (No. 3112), Minnie Williamson (No. 6793).

### ADMISSIONS TO THE ROLL.

In conformity with the recommendation of the Standing Committee, the applications of the following midwives for admission to the Roll were granted subject to compliance with the resolutions of the Board above stated:—Louisa Sanders (Winchelsea), Leonora Gilder (Midhurst), Mary Anthony (Clyro Valley, Hay), Levia Harris (Rhayader), Mary Ann Lewis (Glasbury), Mary Jane Lewis (Llanelly), Margaret Llewellyn (Pont Neath, Vaughan, Neath), Margaret Lloyd (Cefn, Brecon), Dolphin Price (Paincastle, Hay), Eliza Ann Price (Llanfrynach, Brecon), Margaret Pritchard (Blackrock, Llanelly). The applications of Jane Lizzie Jones and Emma Jones were also granted.

The date of the next meeting was fixed for May 26th.

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X LIV.

## Editorial.

### CHARACTER.

One of the objections advanced by the opponents of State Registration of Nurses to a Nursing Act is that "you cannot register character." No professional register directly registers character, and why should nurses be expected to do that which is not required in other cases, in which character is equally important. The character of the doctor, to whom we confide our most cherished secrets; of the midwife, to whom women entrust their lives and those of their infants, is of the highest importance, for should the midwife prove unconscientious the patient may pay the penalty with life itself. But in all these cases character is indirectly registered. Thus candidates for the examination of the Central Midwives' Board are required to produce evidence of good moral character from persons personally acquainted with them, and are only permitted to enter for the Board's examination after satisfactory evidence has been furnished. Similar evidence is demanded in the Nurses' Registration Bill. The opposition, thus driven back to their second line of defence, assert "a nurse's character may be satisfactory at the time of registration, but may subsequently deteriorate." The answer again is, that for the first time the Register will set up machinery by which a nurse may be removed from the ranks of her profession for proved misconduct. But it is not to be supposed that it will be necessary frequently to put this machinery into motion.

For the nurse training schools have a great responsibility to the public. Trained nurses, by reason of their intimate relations with the community, should be the most honourable, self-reliant, well-disciplined of women, and it is the duty of those who supervise their training to see that only

pupils of this type survive the winnowing process and present themselves for examination. These are not the women who take to drink, drugs and shop-lifting as soon as they are out of leading-strings, and who need to report themselves at short intervals to their former training school, on a modified ticket-of-leave system, in order to keep straight. What is wrong with their system that the authorities of the training schools cannot trust the pupils they send out?

Which system produces the highest type of character in the education of boys and girls. The one in which the pupils are trusted, the development of their individuality encouraged, their honour taken for granted, or the one which assumes that the pupil only keeps straight when constantly under the supervision of masters and mistresses? Educational methods in this country are founded on the former assumption, and we claim that it has been justified.

At the present time nurses, in many instances, suffer from over-supervision, which inevitably produces atrophy of the highest virtues, and so their superiors receive lip service and servility, while below the surface there is too often an undercurrent of grumbling and discontent.

The professional ideal and the ethical code of the medical profession are extremely high—they have been attained by self-government. A medical man would consider it an insult, to be required to report himself annually to the school in which he received his professional training, in order to prove he had not lost his moral character. The same holds good with nurses, who, like medical practitioners, must assume the responsibility for their own profession and eliminate the tendency to serfdom, under which they have no real power to develop the individuality and moral courage which distinguish the freeman from the slave.

## Medical Matters.

### THE USE OF BISMUTH GAUZE IN GYNECOLOGIC WORK.

Dr. Solomon Wiener, of New York, writing in the *International Hospital Record*, says:—

Some substitute for iodoform gauze has long been needed in vaginal work. One of the most important functions of gauze impregnated with iodoform, or one of its derivatives, is to deodorise the accumulating secretions, which become very foul under the action of the ever-present saprophytic organisms. It is frequently necessary to leave gauze in the uterine cavity and vagina for from two to five days, and such gauze, if unmedicated, soon becomes exceedingly foul-smelling and offensive alike to the patient and to those around her. In addition, the presence of decomposing material has a most unfavourable influence on the smooth healing of wounds. Iodoform gauze, unless it be very strong, is little better than plain gauze in this respect. It may remain fresh and sweet for forty-eight hours, but if left *in situ* any longer it becomes very fetid, especially in the presence of the increased secretion stimulated by the irritating presence of sutures in the vagina. The odour of iodoform itself is objectionable to many people. In addition, one is never certain that, given a raw area and a duly susceptible patient, symptoms of iodoform poisoning will not supervene. Moreover, the iodoform gauze as put up in sealed tubes for use in private practice is quite expensive.

For the past four months, in the gynecologic service of Dr. Florian Krug at Mount Sinai Hospital, we have been using gauze impregnated with subnitrate of bismuth, with highly satisfactory results. It is prepared by taking two ounces of bismuth subnitrate, two ounces of glycerine, and one quart of water. The bismuth and glycerine are very thoroughly mixed, warm water is gradually added, and the mixture is continually stirred so as to make a fine emulsion.

A portion containing about 21 yards of gauze is passed slowly through the emulsion three times, so that it becomes thoroughly soaked, and is then wrung out. After the gauze is dried it is cut into strips of desired size, loosely packed, and sterilised by steam at seven or eight pounds' pressure for thirty minutes.

The gauze so prepared is snowy white in colour, odourless, soft, and smooth. There are no grains of powder macroscopically visible on it. From plain unmedicated gauze it differs only in its intense white colour and in being smoother and softer to the touch. From iodoform gauze it differs in being odourless, abso-

lutely non-toxic in the quantity used in any one case, much softer, less irritating, and less expensive. (Bismuth subnitrate is from 30 to 40 per cent. cheaper than iodoform.) Finally, it is far more efficient in its action.

I have used it in a great many cases, and have found that after incomplete abortions, curettages, plastic operations on the cervix and vagina, and aseptic vaginal celiotomies, it can be left in the vagina for a week, if desirable, and on removal it is still perfectly odourless.

The mucosa is pale and unirritated, and there is none of the stench so distressing to the patient and all concerned.

It should be noted that the gauze has not the power of deodorising foul-smelling pus. When, for instance, a pelvic abscess containing foul-smelling pus is opened and drained by a post-vaginal section, the gauze has little or no power to mitigate the fetor.

### PAROTITIS COMPLICATING ACUTE RHEUMATISM.

Inflammation of the parotid gland is, says the *Lancet*, well known to owe its origin in a majority of instances to an infective process. Even in the case of mumps, the precise etiology of which is as yet undiscovered, the general features are of such a kind as to leave little room for doubt as to the bacterial origin of the disorder; while those parotid inflammations which complicate pneumonia, peritonitis, enteric fever, and the process of rectal feeding, are traceable in each case to micro-organisms. The latest addition to the list of causes of parotitis is acute rheumatism, which is generally acknowledged to be an infective disorder, although there is disagreement as to the actual micro-organism concerned. M. Courtois-Suffit and M. Beaufumé have brought together three cases of parotitis complicating acute rheumatism, two observed by themselves and one recorded by Gouget. They have been unable to find other examples in the literature. These three cases are remarkably similar to each other. In each instance the attack was acute and affected many joints; the parotitis occurred either at or just after the period of maximum intensity of articular inflammation, and in all three cases it was the right parotid gland which suffered. With the appearance of swelling and discomfort in the parotid region a slight rise of temperature occurred; but in no case did suppuration occur, and in the worst of the three all evidence of parotitis had disappeared by the sixth day. The briefness of the inflammatory process and its complete disappearance under treatment with salicylate of soda suggest a directly rheumatic origin.



## Post-Graduate Lectures at Guy's Hospital.

In his second lecture on Tuesday, April 26th, Mr. C. E. Hughes fully explained the treatment known as "Bier's Treatment," which has only been adopted in England during the last few years. The treatment consists in the production of a passive hyperæmia or excess of blood in a diseased limb, organ, or tissue, and is adopted in cases of inflammation, acute and chronic. The cardinal signs of acute inflammation, *e.g.*, an abscess, are redness, heat, and swelling, pain, and impairment of function. The usual treatment adopted to overcome the inflammation is aimed at reducing these signs, but Bier's treatment seems to aim at producing recovery by going to work in the opposite direction. For cases of acute inflammation of a limb, a constricting bandage is applied around the limb well above the level of the inflammation; it is applied lightly but firmly enough to produce swelling and increased redness of the whole limb, including the inflamed area below the bandage. The bandage is applied for a certain length of time, is then removed, and again applied, and so on. The cases for which the treatment is suitable are some forms of inflammation, acute necrosis of bone, acute cellulitis, whitlow, boils and carbuncles, abscesses, sinuses and empyema.

Bier's treatment may be produced—(a) by a constricting bandage placed on a limb above the inflamed area firmly enough to impede the venous return but not the arterial supply; (b) by cupping glasses; (c) by means of heat, the limb or part being placed in a hot air bath.

Mr. Hughes showed several specimens of cupping glasses and explained how they were used. He also gave certain rules and principles which must be observed in each case.

### LECTURES ON BABIES.

A further course of "Lectures on Babies" was begun on Tuesday, May 3rd, by Dr. Ralph Vincent, at the Infants' Hospital, Vincent Square, Westminster, who lectured on "The Chemistry of Infantile Digestion." Dr. Vincent is most lucid, and treats a complicated subject in a manner comparatively easy to follow, illustrating his remarks with interesting experiments and epidiascopic demonstrations. The lecture was well attended by nurses from outside, who should be able to assimilate much valuable information, and to use the practical hints given to the greater comfort and lasting benefit of that much ill-used person the baby, of whose sufferings, by reason of unsuitable food, no one who has had the privilege of listening to Dr. Ralph Vincent can have any manner of doubt.

## A Scheme Suggested for the Organisation and Proper Management of the Work now being Undertaken by the Branches of the British Red Cross Society.

By MRS. NETTERVILLE BARRON  
(Leicester Infirmary Nurses' League.)

In order that the work of the above Society may not be rendered futile through (a) lack of knowledge, (b) lack of organisation, it is necessary that meetings should be held in every village from which it is proposed to draw recruits. At these meetings the scope of the work and the detailed duties should be explained by a speaker thoroughly conversant with a properly thought out scheme. Vague generalisations are useless at such meetings, and do not inspire the people with any desire to volunteer. Volunteers should be told exactly what will be expected of them, and it should be pointed out how workers other than nurses and bearers are a necessary part of the scheme. Every encouragement should be given to volunteers to come forward, and the speaker should endeavour by going into details to arouse the audience to a sustained interest and enthusiasm.

Volunteers having thus been obtained, classes for "First Aid" and "Home Nursing" should then be arranged. Before these classes it should be clearly explained again what they are for, and that only those who agree to take a definite part in the work will be admitted. Any attempt to combine generally useful instruction with the very precise and specialised instruction requisite for Red Cross work should be deprecated. The pupils should know that they are there for a definite and noble purpose—*i.e.*, the care of the sick and wounded in the time of war. That they will also obtain knowledge valuable in their own homes is, no doubt, true, but that should not be made an essential part of the scheme.

Nurses must take both classes, but workers other than nurses need only take First Aid.

It is necessary for all workers to take the First Aid classes, in order that in the event of war they shall be recognised by belligerents as Red Cross workers. Those whose work is preliminary—that is, over before war breaks out—need not, of course, take the First Aid classes.

### WHO IS TO HAVE CONTROL?

This preliminary work being over, it should now be understood that the control and



management of the scheme ought to be in the hands of the medical men and trained nurses.

The classes are to be given by doctors with, wherever possible, the assistance of nurses, and afterwards the supervision of the workers must also be in the hands of doctors and nurses who shall be responsible for the efficiency of the detachments. A trained nurse, not necessarily one in the actual practice of her profession, should control all the future organisation. She should be responsible to the doctor or doctors appointed, and should herself hold special classes for all the workers in the various detachments. Such a trained nurse, who might be called the District Superintendent, will in the event of war be attached to one temporary hospital, but otherwise her duties will be to supervise a district in which there may be several temporary hospitals. It would be well to limit her district to three divisions, over which she should have the control, and it should be her duty to see that the workers in these divisions are from time to time called out for practice.

#### PRACTICES.

At these practices or musters a doctor, or a nurse appointed by him, should be present to give advice. The District Superintendent should not have the power to call for divisional musters, but she should be notified of the intention to hold any such muster, and should whenever possible be present.

Lay persons in control of divisional detachments should in all cases of difficulty apply to the District Superintendent for advice.

#### COMMITTEES.

Divisional Committees should be formed of lay persons. It shall be the duty of these Committees to collect the necessary funds and also the supplies, appliances, bandages etc., as recommended by the District Superintendent. An accurate "roll" must be kept.

#### EFFICIENCY.

Efficiency can only be guaranteed if the workers are continually reminded of and practice their duties. Musters should, therefore be held for

(a) Determining the length of time a detachment would take to collect at any given spot.

(b) Determining the best way to communicate with the individuals to be called out for practice.

It is suggested that Boy Scouts might be utilised for this purpose.

(c) The practice of individual duties.

#### KEEPING UP THE INTEREST.

With a very little trouble the practice of the various duties could be made interesting; and, in fact, they *must* be made interesting, or the

workers will cease to attend, and the scheme will fail. Boy Scouts could be utilised as "wounded." An imaginary battle could be arranged and the wounded brought by the stretcher bearers, horsed waggons, etc., to the "temporary hospital" or other temporary base. Here could be present the doctors and nurses, when further instruction could be given. Here also might be the cooks, porters, and other accessory officials, who should also receive their definite orders.

#### FREQUENCY AND CHARACTER OF MUSTERS.

It is suggested that these musters be held every two or three months. During the winter indoor meetings should be held and classes for invalid cooking arranged. During the winter, also, needlework may be done. Indoor musters held at *different* houses all round the division, so that people have not always a long way to go. Poulitice making, putting a "wounded" Scout to bed, changing his sheets and many other things, which will occur at once to the mind of a trained person, can be practised. Thus, all will be kept efficient, and the work of the Voluntary Aid Detachments made enormously more valuable in the event of war.

#### SELF-CENTRED.

Every division, large or small, should be absolutely self-centred, and not until this is accomplished should any attempt be made at co-operation between divisions.

#### IDENTITY OF THE SCHEME IN ALL DIVISIONS.

Subject to density of population and some other considerations, the same scheme should be carried out in every division. Uniformity should be as complete as possible, as in this way only can efficiency be realised. Uniformity will also make it much easier for a worker changing from one division to another to take up the work which she will have already learned.

#### CHANGES IN THE SCHEME.

District Superintendents should meet from time to time for the interchange of ideas, and no District Superintendent should make any important alteration in the scheme unless it has been previously agreed to at a meeting.

Alterations or suggestions coming from Headquarters should be sent to the various District Superintendents. Lay Committees are again reminded that it is their duty to *obtain* the material, the volunteers, and the necessary funds. It is management of these various items that should be under the supervision of trained persons—i.e., the District Superintendents.

Below will be found an estimate of the numbers of workers required to deal with 100 wounded or sick men, together with a rough

calculation of the material and accommodation necessary. Divisions should, however, not aim at coping with any definite number of wounded, but should know how many they will be able to undertake without dislocating their local machinery. The calculation is based on the experience of the Royal Army Medical Corps and of large and small civil hospitals. It should always be remembered that help from headquarters cannot be guaranteed, and that in the event of war it is useless to even hope for it.

One hundred sick and wounded distributed in four wards of 25 each: If all are in one large hall not so many utensils will be needed; if divided up further, more will be needed. For cubic space and other information, consult handbooks. Such matters will also be taught in the classes.

#### UNTRAINED NURSES.

Numbers required in temporary hospitals:—

Nurses (women), 25—*i.e.*, 1 to 4 patients: First Aid and Home Nursing.

#### TRAINED NURSES.

Trained nurses, 2 (or more if they can be got). These might be provided from the local hospitals or they might be trained army nurses. If there are any trained ex-nurses living in a division their services might be utilised. As already mentioned, the District Superintendent will be attached to her own temporary hospital, and wherever that is the case she should be regarded as the Matron of that hospital. In other cases an incoming trained nurse will be the Matron.

#### MATRON'S ASSISTANT.

In every case a lay person (First Aid and Home Nursing) should have been taken off to assist specially the Matron, whether the latter happens to be a District Superintendent or a stranger appointed to be in charge.

Ward Maids, 8; two shifts of four. A few more would be an advantage.

Cooks, 6; one head cook and two assistants in each relay. It must be remembered that these cooks will have to provide the food for the staff as well as for the wounded.

Laundry Maids, 6; one head and two assistants in two shifts.

All the above are the women necessary to the equipment of a temporary hospital. Ward maids, cooks, and laundry maids will have to take the First Aid classes, so as to obtain the Red Cross brassards and be recognised by beligerents.

#### MEN.

Men necessary to the temporary hospitals are:—

One Quartermaster. The Quartermaster is one of the most important officials, whose

duties must be thoroughly taught him. It is not intended to describe those duties here.

Two Stewards (one for relief). These are practically Assistant Quartermasters, and work under the Quartermaster.

Four Porters (two for relief).

Two Carpenters.

Two Dispensers.

One Clerk. One is the very least you can have. It will be his duty to keep an accurate record of every patient passing through the temporary hospital, and to be able to say exactly where he came from and whither he was despatched.

The above completes the equipment of the temporary hospitals.

#### IN THE FIELD.

This section, which should really be considered first, will consist of 36 men. It is, of course, absurd to lay down any hard and fast lines as to the number of men required, but six squads of six each would be a reasonable number.

There should be six men to each stretcher, and their chief duty will be the bringing in and the taking away of the sick and wounded to and from the temporary hospital.

#### TRANSPORT.

In this will be required:—Six large waggons, each to take two lying down cases. Six drivers. Orderlies; these can be taken from the bearer (stretcher) divisions. Two light carts and horses, attached to temporary hospital for bringing stores and other objects. Two drivers for above.

It should be remembered that anyone whose duties will take them to and from the temporary hospitals will require brassards, and consequently such people should take the First Aid classes.

#### EQUIPMENT.

One hundred beds with full bedding, blankets, and four sheets to a bed.

*Ward Linen.*—100 towels; 25 bath towels; 2 doz. roller towels; tea cloths; kitchen cloths and other material for ward and kitchen use.

*Clothing.*—100 shirts (not pyjamas); 50 bed jackets (flannel); 25 flannel shirts and pants; a good supply of handkerchiefs.

*Ward Furniture.*—25 washing basins, with sponges, etc.; 16 bed pans (4 to a ward), and urinals (enamel); 20 hot water bottles; medicine glasses, thermometers, spittoons, feeding cups, etc.; 25 mackintosh sheets (emergency beds); 1 large table for each ward (4); 4 foot-baths; 16 chairs and 4 armchairs; lamps (oil, etc.), coal, wood, matches, soap, and candles.

*Food Requisites for Patients and Staff.*—

Knives, forks, spoons, plates, mugs, and kitchen utensils.

Although the above equipment sounds alarming, it is absolutely necessary, and any scheme which does not provide for it is useless.

Any division sufficiently large to cope with 100 men should easily be able to arrange for this supply. The best way will be to keep a certain minimum amount in a central store, and to earmark other articles in private houses as available for use when required.

The list of all these articles is to be kept by the Quartermaster, and it will be his duty to arrange for their conveyance to the temporary hospital when wanted without any delay. Garments, ready for use, should, at any rate, be kept in a central store, as also certain other part of the equipment not necessary to specify here.

The requisite dispensary equipment, such as splints, drugs, bandages, and surgical appliances, will have to be arranged for, and splints and bandages should be kept ready for immediate use.

The actual amount of dispensary equipment necessary should be decided by the doctor in charge of the division.

### The £100 Registration Fund.

	£	s.	d.
Brought forward ... ..	95	4	8
<i>Sent in memory of the faithful services to the Registration Cause of Miss Isla Stewart.</i>			
Mrs. Stabb ... ..	2	2	0

#### COLLECTING CARD.

<i>Name of Collector:</i> Mrs. Lidyard, R.N.S.			
S. H. ... ..	5	0	
Mr. and Mrs. F. K. ... ..	4	6	
Mrs. Prentis ... ..	2	6	
W. Bird, Esq. ... ..	2	0	
C. H. Schulten ... ..	2	0	
Sister Gisby ... ..	2	0	
S. G. L. ... ..	2	0	
<hr/>			
	£1	0	0
<hr/>			
Total ... ..	£98	6	8

Who is going to complete the £100? Only £1 13s. 4d. is now required. We hope we may announce next week that this little sum has been collected.

We regret that owing to pressure on our space the report of the last meeting of the Society for the State Registration of Nurses is held over till next week.

## Guy's Hospital Nurses' League.

### THE ANNUAL DINNER.

The second Annual Dinner of the Guy's Hospital Nurses' League, which took place on Friday, April 29th, was a very delightful function. Dinner was served in the great dining room in the Nurses' Home at a number of tables, the Matron and Hon. Secretary of the League, Miss L. V. Haughton, presiding at the chief table, and Sisters at the others. On Miss Haughton's right was Miss G. A. Rogers, Matron of Leicester Infirmary, and on her left Miss Victoria Jones, a former Matron of Guy's.

While dinner was in progress, Miss Haughton ascended the rostrum, and announced that Miss Swift was in London, and she thought it would be the wish of the members to send her a telegram from the League, a proposition which was received with much applause.

Miss Haughton then read the telegram:

"Guy's Hospital Nurses' League Members at Dinner greet you."

and this message was despatched forthwith.

Coffee was served while the members stood about in groups, and talked as only League members can talk when they have the opportunity of meeting their former colleagues.

They then reassembled for the business meeting, at which Miss Rogers presided.

### THE BUSINESS MEETING.

The minutes of the last meeting were read by Miss Smith and confirmed.

The following Resolution was then proposed by Miss Victoria Jones, seconded by Miss Rowell, and carried unanimously.

"That the Members of the Guy's Hospital Nurses' League desire to place on record their warm appreciation of the valuable advice and help they have invariably received from Miss Swift as Hon. Secretary since 1901. They feel it is chiefly due to her energy that the League was founded, and has attained its present successful position."

### THE ANNUAL REPORT.

The Matron, Miss Haughton, then extended a very hearty welcome to all present, especially mentioning the pleasure it was to the League that Miss Victoria Jones was with them. She said that during the year between 80 and 90 new members had joined the League, mostly associate members who had passed on to full membership; 146 Sisters and Nurses had spent week-ends or nights off at the Cottage at Honor Oak Park, and 700 visits had been paid by members of the nursing staff who had had tea there; 3,570 volumes had been taken out of the Library during the year, and from 70 to 80 new volumes had been added. There was a proposal which would be formally brought up on a future occasion to alter the rules so as to

permit the members to have out a professional book as well as a story book at the same time. The Musical Society gave an excellent concert in December, and would shortly give another. The Debating Society was not flourishing. The Post Graduate Lectures had been greatly appreciated, not only by members of the League, but by nurses trained elsewhere.

The Hon. Treasurer, Mrs. Fagge, was unable to be present, but Miss Haughton announced the League accounts to be in a much more flourishing condition than in the previous year.

#### THE CHAIRMAN'S SPEECH.

Miss Rogers, who on rising to speak, was warmly applauded, said she considered it a great honour to be asked to take the chair at a meeting of the Guy's League. They might wonder why she, a country cousin, had been invited to occupy the chair, but she had once been Sister Clinical at Guy's, though some of those present were probably in their cradles at the time. Then it was largely to the inspiration of Guy's that the Leicester League owed its origin, and another tie was that it was to Guy's the Leicester Infirmary owed its first Matron, Miss Burt. When Miss Burt went to Leicester nursing was non-existent. There were two night nurses for 200 patients, and their instructions were not to stay in any ward but to walk through them all at intervals. She had been told by a former house surgeon that the house staff used to tie the feet of the night nurses to the chairs in which they were enclosed, to bring home to them that they had visited the wards. At that time the fractured legs were lifted out of bed. Miss Burt was not there long, but she left Leicester with a well-organised school when she returned to Guy's.

"Miss Burt," said Miss Rogers, "was a reformer. She was not popular—reformers were get people out of their arm-chairs rarely are; but she fought a good fight, and won the victory for you. I think if she could come back now she would find the victory worth while, and would not grudge the time and labour she spent in organising the Training School. I am only sorry she cannot see the fruit of her work."

Miss Rogers told an amusing story illustrating the need for discretion as well as sympathy. There was once, she said, a tender-hearted elephant walking through a jungle who accidentally put her foot upon a partridge, mother of a brood of young ones, and because she was a very tender-hearted elephant she was very sad, but saying, "I'm a mother myself," she promptly sat down on the young partridges.

Turning to the formation of Leagues, and the part they had played in organisation, Miss Rogers said that when the third volume of the

History of Nursing was written, she hoped it would contain a tribute—no doubt it would—to the late Miss Isla Stewart, who did so much for Leagues in this country. She emphasised their value in helping their members to look out into the wider world and see what others were doing, and to take an interest in what was going on around them. She also quoted some of Lady Helen Munro Ferguson's address on "The Nurse as Citizen" to the International Congress of Nurses. Miss Rogers said that as one heard of fresh fields for nurses on all sides it was difficult not to feel a little jealous of the nurses of to-morrow, who would see the building, whose foundations had been laid with so much care, rising up. She concluded by wishing the Matron, Sisters, and Nurses at Guy's a happy and honourable career.

The result of the ballot for the election of Sisters' and Nurses' Representatives on the Council for the ensuing year was then announced by Miss Smith as follows:—

*Library:* Sister Cornelius, Nurse Cox. *Orchestra:* Sister Surgery, Nurse Rees. *Hockey Club:* Sister Florence, Nurse Dowley. *Tennis Club:* Sister Theresa, Nurse Hodgkinson. *Choral Society:* Sister Ruth, Nurse Hinds. *Photographic Society:* Sister Jentie, Nurse Allen. *Swimming Club:* Sister Ellen, Nurse Schlagentweit. *Cycling Club:* Sister Addison, Nurse Marriott. *Debating Society:* Sister Lydia, Nurse Macmanus.

The appointments of nine Associate members of the Council were confirmed, and on the proposition of Miss Haughton, seconded by Sister Lilian, a cordial vote of thanks to the President, Mrs. Bonsor, and these Associate members of Council was carried.

Everyone, Miss Haughton said, knew how genial and delightful their President was.

Votes of thanks were also accorded to the Hon. Treasurer, and to Miss Smith. The latter, in replying, said that the League was now over 1,000 strong.

A hearty vote of thanks to Miss Rogers, for making a special journey from Leicester to preside at the meeting, was carried by acclamation, and Miss Rogers said that if the League would charter a special train she would be pleased to see all the members at Leicester.

The business concluded, Miss Smith showed an interesting series of lantern slides, a number being made from photographs taken by members of the League. Many of the pictures were loudly applauded. In another room the work done by the Photographic Circle of the League was on view, and the members are warmly to be congratulated on the result.

M. B.



## Our Guinea Prize.

We have pleasure in announcing that Miss B. Widdop, Royal Infirmary, Sheffield, has won the Guinea Prize for April.

### KEY TO PUZZLES.

- No. 1.—Compericum.  
Comb—pea—rick—UM  
No. 2.—Evans and Wormull's Snares.  
E—van S & W—oar—mules SN—hare—S  
No. 3.—Fry's Cocoa.  
FR—eyes Cow—cow  
No. 4.—Sanatogen.  
S—anna—toe—gee—N

The following competitors have also solved the puzzles correctly:—

E. Beever, Horrabridge; M. Dempster, London; M. Newsome, Pontefract; K. Conway, London; C. C. D. Cheshire, Woking; M. G. Allbrecht, Wakefield; E. Islip, London; E. McLernon, Brighton; A. Jary, Fakenham; H. Ellis, Milford; A. C. Pettit, London; K. Ross, Stirling; K. Dyer, London; M. C. Morrison, Glasgow; F. Hales, Lewisham; M. Flynn, Dublin; F. Griffin, Ilford; Nurse Archibald, Leeds; N. A. Fellows, Birmingham; C. Mackenzie, Edinburgh; E. S. Sills, Oakham; M. Donnithorne, Wick; A. Grummitt, Clifton; J. Cook, Portland; G. G. Tate, London; C. Lawson, Banff; F. Flegg, Fakenham; C. E. Gardner, Bentley; C. A. Power, Belfast; D. E. Williams, Hull; E. Marsland, Huntingdon; M. Sutherland, Glasgow; R. L. Wiseman, London; C. L. Hindley, Poole; C. M. Londoun, Edinburgh; J. M. Bruford, Southport; C. Long, Manchester; T. Foster, Huddersfield; A. Denny, Cork; B. Howard, Norwood; F. B. Mathews, Highbury; N. Lacey, Eastbourne; F. Power, Norwich; K. Mackay, Edinburgh; C. M. Walker, Stockport; L. Ryding, Belfast; E. C. Wade, London; E. Shareman, Wandsworth; M. Lewis, London; A. Derry, Dublin; A. Mutton, Plymouth; T. Valentine, Carstairs; V. James, Huddersfield; T. Macdougall, Glasgow; E. M. Banner, Islington; A. S. Morris, London; C. Ramsay, Greenock; M. Bridges, London; V. Newham, Virginia Water; E. Dinnie, Harrow; B. Sheard, Chislehurst; A. Glass, Belfast; M. Daly, Limerick; K. S. Manser, London; M. Woodward, Redhill; E. M. Dickson, Northfleet; H. R. Flint, Birmingham; E. A. Crewes, Edinburgh; J. Wade, Walmer; E. Wood, Hampstead; E. F. Whatham, Barnsley; H. E. Smith, Warrington; K. Parfitt, Mortlake; K. T. Mostyn, Swansea; F. M. Wrigley, London; M. Rose, Leith; T. Munro, Aberdeen; E. H. L. Dowd, Clonskeagh; H. Cobb, Attleborough; B. Taylor, Rhyl; E. Walkinson, Norwich; M. Chadwick, London; F. Sheppard, Tunbridge Wells; E. Macfarlane, London; C. Trueman, York; A. M. Shoesmith, Durham; N. Fingall, Wexford; M. E. Clegg, Liverpool; K. Murley, Edinburgh; M. E. Chick, Broad Clyst; M. E. MacLennan, Stornoway; M. L. Ford, London; N. Copelin, Beckenham; C. A. Williams, Groombridge; E. Drewett, Slough; L. Waddington, Leeds; J. G. Powell, Newcastle; E. D. Douglas, Belfast; K. King, Lucan.

The rules for the Prize Puzzles remain the same, and will be found on page xii.

## Kernels of the Conference.

It is impossible in the space at our disposal to give a full report of all the papers read at the Nursing and Midwifery Conference. We shall, therefore, allude to the chief points of interest. A report of the proceedings on Wednesday, April 27th, appeared in our issue last week.

### THURSDAY, APRIL 28th.

Sir Dyce Duckworth, Bart., M.D., presided at this Session, and spoke of the amazing progress of nursing during the last thirty years, and of the high position taken in the nursing world by the nurses of the United Kingdom.

### FEVER NURSING.

The first speaker was Dr. Sidney Phillips, who said that in no branch of nursing were self-sacrifice and skill more required than in the nursing of infectious cases. He spoke of the points to be observed in the nursing of typhoid fever, *e.g.*, the temperature, a rapid fall in which after the second week was an indication of hæmorrhage. A falling temperature and a rising pulse were also danger signals, retention of urine must be watched for, and the mental condition carefully observed. Acute mania might suddenly develop, and the patient become suicidal or homicidal. He emphasised the necessity for plenty of space and plenty of air for scarlet fever cases; the feeding of children should be closely superintended, or if their throats were painful they might half starve themselves.

In regard to measles, there was often a slight preliminary rash before the full rash came out. In one instance he saw such a case, and diagnosed it as measles; the nurse called in subsequently gave it as her opinion that the case was not one of measles, and the parents, willing to believe her, let the boy return to school. Later, he was called in again, and the nurse had to own her mistake. He did not report her, but told her that her fee for an infectious case would be £3 3s.; in this instance it would be £2 2s.

In the discussion which followed, Miss Breay inquired what training the nurse had received who ventured to dispute the doctor's diagnosis.

Dr. Phillips replied he did not know in the least. She was a certificated nurse, and came from an institution.

Miss Breay pointed out that her training was an unknown quantity. The case afforded a good illustration of the reasons why many nurses were working to secure the definition and enforcement of professional standards. Dr. Phillips, a member of the Central Hospital Council for London, the body which is opposing the nurses in their demand for legal status, made no reply. Indeed, there was none to make after his significant admission.

### THE DUTIES OF PROBATIONERS.

Dr. E. B. Reckitt, surgeon to the Boston Hospital, Lincs., read a paper on the Duties of Probationers and the advantage of obtaining training in provincial hospitals. He advised that if a Staff Nurse took a dislike to a probationer and made her life miserable she should go to the Matron and tell her her troubles. The Matron

would always be kind and considerate. As probationers were often ambitious, and hoped to become Matrons themselves, they should treat the Matron as they would hope to be treated themselves eventually. He considered the position of a probationer in a country hospital advantageous, as she saw more of practical treatment, and in a few months did the work which falls to Staff Nurses in larger hospitals.

Sir Dyce Duckworth then vacated the chair, which was taken by Mr. John Langton, F.R.C.S.

#### MENTAL NURSING.

Dr. Bernard Hollander gave an interesting address on mental nursing. He held that any person of average intelligence and proper training could be a general nurse, but that in mental nursing great responsibilities were placed on the nurse. She should be in reality a mental healer, and count it as her ambition to record recoveries in her patients. The nurse was really the doctor as well as the medical practitioner who gave directions as to the treatment, for the healing influence came from the nurse who was with the patient all the time. Further, she should be a person of culture, for many mental patients were persons of education and refinement, and it was her duty to guide, console, and interest the patient, enter into his thoughts, and strengthen his will power.

The discussion was opened by Dr. Edwin Ash, who said health, concentration of mind, and tranquility were necessary qualifications in a good mental nurse.

#### THE R.B.N.A. DIPLOMA.

After a short interval Miss MacDonald, Secretary, spoke on the Diploma of the R.B.N.A.

#### FRIDAY, APRIL 29th.

Miss Brodie Hall, Poor Law Guardian, occupied the chair, and introduced Miss Gibson, Matron of the Birmingham Infirmary, the reader of the first paper.

#### NURSING AND TRAINING IN POOR LAW INFIRMARIES.

Miss Gibson said that she was at an enormous disadvantage in dealing with the subject allotted to her, as the Report of the Royal Commission on the Poor Laws had left the whole future of Poor Law nursing so undecided that until the whole matter had been threshed out it was difficult to deal usefully with the subject. The great difficulty in efficient Poor Law nursing was the small, unseparated workhouse infirmary, and in spite of all the thought bestowed on this question the position of the Superintendent Nurse was not less anomalous than it was thirty years ago. The thoroughly trained and equipped professional worker was subject to the authority and supervision of an untrained official. Further, although these institutions, even of 200 beds, might give a certificate which deceived the unwary, they could not give an efficient training. In 1898 she had read a paper [at the Conference of the N.U.W.W. at Croydon.—En.] in which she advocated an exchange of nurses between the large and small infirmaries, but the scheme fell through, probably because it needed money, cohesion, and organisation.

Miss Gibson said that whatever the future held in store, the problems of the future would be the problems of the past, and they should strive to cultivate general interest, and be prepared to work together for the general good, and not for the advantage of a little corner. Her knowledge of Metropolitan infirmaries was not large, but in the provinces progress had been unbroken and marked, and the large infirmaries afforded splendid training. She deprecated a special examination for Poor Law nurses which would accentuate the difference between them and nurses trained in civil hospitals. They should have equal chances with others. Given the knowledge it was no matter where it was obtained. When State Registration of Nurses came she hoped this would be seen to, that the examination would impose a severe test, and the Poor Law nurses be entitled to registration if they fulfilled the conditions. So the undeserved feeling of the inferiority of the infirmary nurse would die out. Only those would be inferior who exhibited a lack of knowledge.

Miss Edmond (Superintendent Nurse) said she had trained under Miss Gibson, and counted it an honour. The Superintendent Nurse in a small infirmary was often at a great disadvantage. She was placed under an untrained and uneducated man—the Master, the Matron tried to suppress her, and the Assistant Nurses did as they pleased, and informed their Superintendent that the infirmary was not a training school. It was nearly time that the smaller institutions were suppressed.

#### NURSING IN UNSEPARATED WORKHOUSES.

The next paper, by Miss Wilson (Workhouse Nursing Association) was read by Miss Venning, as Miss Wilson was unfortunately not well enough to be present.

Miss Wilson stated that the Gathorne-Hardy Act of 1871 had not touched the provinces very much, and Miss Louisa Twining still felt how much remained to be done, and was disappointed that greater advances had not been made. The present state of transition was indicated by the majority and minority reports of the Royal Commission on the Poor Laws. Whether Boards of Guardians were minded as the Majority desired, or ended as the Minority wished was not of great moment. When the vestries expired the best members were elected on the Borough Councils, and the best Guardians would be elected on the authorities which superseded them. Miss Wilson referred to the enormous debt owed to women guardians, and to the need of public pressure in relation to the care of the sick. Amongst the points to which she drew attention was the need for a revision of the rules in regard to bathing in unseparated workhouse infirmaries. Reform was urgent both in regard to patients and nurses. No nurse, young or old, should bath male patients. She concluded by asking in the name of the sick that reforms should be made by Guardians, while waiting for an expression of the will of the people.

Mr. Dixon Kimber supported Miss Wilson's view that revision of the bathing regulations was needed. The interpretation of these rules was uncertain, and it was a crying shame that a Government Department responsible for the care of the sick poor

could not frame rules easy to be understood. Moreover, eight-tenths of the recommendations of the Majority Report of the Royal Commission could be brought into force without any legislation, by a stroke of the pen of the President of the Local Government Board.

The following resolution, proposed by Miss Joseph, and seconded by Miss M. D. Brinton, was then put to the meeting and carried:

"That this meeting is of opinion that the rules existing in unseparated Poor Law infirmaries in regard to the bathing of patients need immediate revision by the Local Government Board."

#### FEEBLE-MINDED UNMARRIED MOTHERS IN WORKHOUSES.

The third paper on Friday afternoon was read by Miss P. Douglas Townsend on the above subject, who said that feeble-mindedness was a term of wide significance, but she spoke of it as applied to persons who cannot be certified as insane or idiotic, but who cannot take an independent position in the world without danger to themselves and the community. She gave a concrete example of the good work done for unmarried women of this class, and their children, at a home in North Finchley, where Guardians pay 10s. per mother and 5s. per child maintained.

#### THE HISTORY OF NURSING.

In the evening Miss E. L. C. Eden gave her most interesting lecture on the History of Nursing, illustrated by lantern slides, showing the development of nursing from 200 B.C. and onwards, to a crowded audience.

#### SATURDAY, APRIL 30th.

Dr. R. Murray Leslie presided at the afternoon session on Saturday, when the first paper was read by Miss Annie Manley, a Founder of the Incorporated Society of Trained Masseuses.

#### MESSAGE.

Miss Manley sketched the history of the foundation of the Incorporated Society of Trained Masseuses in connection with the Midwives' Institute, and the growth of its work from six candidates examined in 1894 to 250 at the last examination. It now holds an examination annually in Dublin, simultaneously with the one held in London, for which Miss Shuter acts as the Hon. Secretary. It gives a special certificate in connection with Swedish remedial agents, and its first examination in remedial exercises was held recently, by permission, at Guy's Hospital. It also, at the request of the War Office, examines orderlies trained in massage, and 45 orderlies have received its certificate. At a time when women were chafing at their disabilities it was interesting to find a society composed entirely of women acting, by request, as an examining body for men.

The Chairman inquired what length of training the Society required before examination, and was informed that it was 4-6 months. He pointed out that at the Central Institute, Stockholm, two full years' arduous training was essential, and doctors hardly thought the usual three months' training of an English girl equal to two years in the case of a Swedish one. That was why the doctors so often employed Swedish masseuses. He

knew he was speaking for a large number of his profession when he expressed the opinion that three months was not sufficient time in which to acquire this important branch. Miss Lucy Robinson thought one point might be brought to the notice of the medical profession. Members of the I.S.T.M. pledged themselves only to work under medical practitioners.

The Chairman said it was an important point, but it was not the case with hundreds of people calling themselves masseuses.

#### MATERNITY CLUBS.

Miss Helen G. Klaasen read an interesting paper on Provident Maternity Clubs, showing the benefit of making early provision.

#### CRÈCHES.

In the absence of Muriel Viscountess Helmsley, Miss Fry, of Bristol, spoke on crèches rather from an adverse point of view.

Miss Margaret Rodgers, speaking as an employer of labour, said she always gave women leave of absence to nurse their babies.

#### TERRITORIAL NURSING.

The last paper of the afternoon was presented by Miss Barton on Territorial Nursing. Miss Barton described the scheme in detail, and Miss Sidney Browne spoke of the wonderful response to the appeal for nurses.

#### THE STATE REGISTRATION OF NURSES.

There was a crowded attendance at the last Session of the Conference on Saturday night, devoted to the consideration of the State Registration of Nurses. Mr. John Langton, F.R.C.S., presided, and Miss Macdonald, Secretary of the Royal British Nurses' Association, read a paper written by Miss Annie J. Hobbs, in which the case for Registration was presented on the lines of the Bill drafted by the Central Registration Committee. If there was nothing new in the paper it was because, as the Hon. Sydney Holland, who opened the discussion, truly said, there is nothing new to be said on either side. The arguments on both sides are "as old as the mountains."

Mr. Holland explained that he had not intended to take so prominent a part in the proceedings, but he had written for a ticket of admission, and had been announced as the opener of the discussion. He asserted that Registration would do nothing to remedy the evils which he admitted existed in the nursing world. All it would do would be to prevent an unregistered nurse from calling herself registered. He further stated that not a single "London" nurse would ever register.

He criticised the constitution of the General Council for the Registration of Nurses in the 1908 Bill, which we all know was considerably altered during the passage of the Bill through the House of Lords, and has since been superseded by another.

Referring to the conditions alleged by Miss Hobbs to exist in many so-called nursing homes, Mr. Holland asked whether nurses did not work under doctors in these homes? Would the doctors—though certainly they were careless in the selection of nurses—be content with the nurses described?

The speaker said the health and physical capacity



of a nurse might be impaired. She might develop a chronic cough or become drowsy, hysterical, or "dotty," take to drink, drugs, and shop-lifting, and all the time she would be guaranteed by the register. The black sheep might, perhaps, be removed, but what about the piebald and grey ones? [What about them now?—Ed.] There was a remedy—"the Official Directory of Nurses"—and he endeavoured to resuscitate that dead and buried scheme. It was asked, he said, why the opposing Matrons did not come forward and discuss this question. They had not the time, and they ought not to have the time—(a sentiment warmly applauded by a Matron present, who nevertheless finds time to serve on the Army Nursing Board).

The speaker also referred to the list of the Central Hospital Council, of Chairmen of Hospitals, and Matrons opposed to Registration of nurses.

Mr. Holland has not one argument which appeals to reason and experience. We believe he thoroughly dislikes his brief, and in our opinion was the very last man who ever was intended to defend a reactionary policy. In his hospital work he has proved up to the hilt that progress and organisation are his *métier*, and the re-organisation of the London Hospital, apart from the nursing department, is the monumental evidence of his stupendous capacity for progress.

Miss Beatrice Kent said that the position in Mr. Holland's mind was apparently statutory registration *versus* character, but registrationists were just as keen about character as he was, indeed all the graces in the Christian Calendar were required by a good nurse, but these were not incompatible with the attainment of adequate standards of nursing education. It was possible for nurses to be good women even if they did keep up with the times. The only way in which order could be brought out of chaos in the nursing world was by a Registration Act. The crux of the registration question was that it touched economic interests.

Sir Victor Horsley said he had attended the meeting because he wished to learn what Mr. Sydney Holland had in his mind in regard to registration of nurses. He knew he had the Official Directory Bill in his pocket. Sir Victor said that the views of the medical profession were clear on the question, as expressed on three separate occasions through the British Medical Association, so much so that he was now asked what was the good of again bringing up a question which had been conclusively settled. It was true that when a deputation was received by the Prime Minister, Mr. Asquith produced letters addressed to him privately by Harley Street consultants, but they had not the common courage to attend a meeting of the British Medical Association and oppose registration of nurses, nor had any association of medical men ever done so. There had been opposition to other reforms, but the only effect was to cause an expenditure of money before the day was won. The agitation for a rest day for the Metropolitan Police, in which he was interested, had cost £20,000, and the Registration of Nurses would probably cost as much. He concluded by saying that the nursing profession could only advance through the passing of a Registration Act. The medical profession found that out for themselves in 1858.

Dr. Bedford Fenwick pointed out that the arguments advanced by Mr. Sydney Holland had again and again been brought forward before tribunals capable of weighing and appraising their value, and had failed to influence the judgment subsequently expressed. A Select Committee of the House of Commons had in 1895 unanimously reported in favour of Registration. Previously the Judicial Committee of the Privy Council had held that the establishment of a Nurses' Register would be of much advantage to the public. In 1908 the House of Lords, after careful consideration of the Nurses' Registration Bill (introduced by Lord Amthill), passed it without a division having been taken at any stage. The British Medical Association, as they had heard, was practically unanimous. Everyone was agreed as to the importance of character, but when a Register of Nurses was proposed, technical efficiency had to be considered.

Mr. Holland did not seem to realise that the Register would not give a nurse her cases, and it would be to her own interest if she wanted work to keep up to date. Certificates once given could not be withdrawn; they could also be stolen or forged, but the entry of a nurse's name in the Register would be unquestioned testimony to her professional qualifications.

Lastly, Dr. Fenwick pointed out that in spite of Mr. Holland's opposition, the movement for the Registration of Nurses had steadily increased in force.

Miss E. C. Laurence, Matron of the Chelsea Hospital for Women, said that in her experience Registration in Cape Colony was a failure, and very few nurses registered.

[Nurses in Cape Colony were first registered in 1891, under the Medical and Pharmacy Act, when it was not realised that the professions of medicine and nursing, though interdependent, are diverse, and the medical faculty have never co-operated with matrons and nurses, and thus secured their expert advice and help to make the scheme a success. At the same time it must be remembered that Natal and the Transvaal have followed the example of Cape Colony in regard to Registration, from which it would not appear that the opinion in South Africa is generally unfavourable regarding the effect of the Act.]

Miss Laurence said she personally was in favour of Registration. It might not be so very essential in London, but in the country hospitals the training of the nurses often depended absolutely on the efficiency of individual matrons. She thought there should be annual revision of the register.

Mrs. Bedford Fenwick said she considered Mr. Holland's remarks concerning the constitution of the Registration Council were misleading. As such she was not in favour of the training schools being represented. It was their function to train and not to form the governing body of the nursing profession, which should be absolutely independent. Mr. Holland said there was only provision for one matron and that of a lunatic asylum, on the Council, but provision was made for eight direct representatives of the nurses, and they could—and no doubt would—elect matrons, women whom they could trust to look after their interests. All classes



of nurses were represented on the Council drafted in the new Bill, three of whom must be matrons. All good legislation provided that the class governed had voting powers, and the Registration Bill provided for the professional enfranchisement of the trained nurses, and thus gave them power to do their duty to the sick. The Registration question was primarily an educational one. Nurses asked that better educational facilities should be secured to them, and that their professional title should be defined by law. Of the matrons alluded to by Mr. Holland who opposed these just demands best say nothing. They were not free agents as officials of public institutions. To oppose their chairmen and committees would be contrary to the usual hospital etiquette and good discipline.

Mrs. Fenwick expressed her belief that Mr. Holland was really in sympathy with their demands, although he might not know it. Anyway, she hoped he would not continue to oppose them. They would welcome his help to get their Bill through Parliament.

Dr. Biernacki inquired why Mr. Holland approved a system of training, and of giving a certificate to nurses. What was the difference in principle between a hospital committee awarding a certificate and a central authority doing so? The medical profession did not expect registered nurses to be "brass angels," but it did look for a certain record of professional knowledge. If Mr. Holland considered registration useless it was strange that he took so much trouble to oppose it. If, on the other hand, he thought that the training in a few hospitals was now better than that in others, and that the efficient hospitals would be swamped if the others were brought into line, that reason was an extremely selfish one.

Mr. Holland said that the certificate of the London Hospital only guaranteed its nurses while they remained in its service, and there was a note on each certificate referring the public to the hospital.

Miss L. V. Haughton, Matron of Guy's Hospital, said that Registration might not be so imperative in the case of the nurses trained in the largest hospitals, but she had for some years been matron of a small hospital, and in the interests of small hospitals it was essential. She thought the large hospitals should consider their smaller brethren. If the teaching in all the smaller hospitals could be brought up to the minimum which would be required by a State authority the nurses in many of the smaller hospitals would have the advantage of better training, as many of them had nothing like that amount of teaching at present.

Dr. Goodall, President of the Fever Nurses' Association, said that he belonged to two associations which advocated registration of trained nurses, one most influential, the British Medical Association, and the Fever Nurses' Association, which was comparatively new. The latter association supported the Nurses' Registration Bill because it did not desire a separate register of fever nurses. He was not going to belittle the training given in fever hospitals, it was excellent in those branches in which experience was afforded; but nurses who received this partial training to his knowledge were

accepted by private nursing institutions, and supplied to the public as fully trained nurses, which they were not. This was absolutely unjustifiable. There was also in the neighbourhood in which he lived a large philanthropic body which gave women training in midwifery and sent them to nurse general cases in the homes of the poor. He believed State Registration of Nurses was coming and that fairly soon.

The Chairman at this juncture reminded the meeting that the time for closing the Exhibition was past. So ended a very interesting four days' Conference.

## Nurses' Social Union.

By the courtesy of Miss Alexander, a very interesting meeting of the Union was held at her house, Campden Hill, on Friday, April 22nd. Other hostesses were Miss Alsop, Matron of the Kensington Infirmary, and Miss Clayton, Superintendent of the District Nursing Association.

Miss Alexander, in a few cordial words, welcomed the large audience and introduced the speakers.

Miss E. L. C. Eden—whom many will remember as having taken an active part in the International Nursing Congress, 1909 (of blessed memory!)—was the chief speaker. She gave an admirable and inspiring address. Being the Central Organiser of the N.S.U., she spoke with authority and force. The objects of this useful Union are:—

"To keep nurses in touch with other social workers and with the new developments of their own and kindred callings.

"To foster a true sense of citizenship among nurses and to utilise more completely their special knowledge, experience, and opportunities for the welfare of the community.

"To promote co-ordination in nursing work by mutual help and understanding, and to enable nurses to lay before an organised body the questions that concern them.

"To afford occasions for meeting fellow workers and for recreation.

"To hold up a high ideal of work and thought."

The chief notes struck by the speaker were *co-operation* and *citizenship*. She pointed out that co-operative work was forceful and strong, while individual work was limited; she desired to see nurses co-operate in things that endure; she emphasised the importance of the social as well as the professional side of the life, the necessity of avoiding the danger of narrow professionalism, which is apt to become aggressive shoppiness. Miss Eden made a strong plea for the lonely nurse, who lives and works alone in remote country places, who has no opportunities of keeping herself in touch with new and up-to-date movements; neither is she able to enjoy the relaxation and cheerfulness of social gatherings. It was the recognition of the need of making the lives of provincial nurses less isolated that led, nine years ago, to the founding of the N.S.U. in Somersetshire.

The enterprise had been so successful that it was proposed at the meeting to form a London centre.

The suggestion met with a ready response. The readers of this journal will certainly applaud Miss Eden's remark that State Registration for nurses was the most urgent reform of the day.

She considered that State Registration and the N.S.U. should work hand in hand. It is, of course, very obvious to all thoughtful people, whose minds are set to reform, that when once the nursing profession has legal status, all branches of the work, whether they be social or professional, will acquire a measure of importance and recognition that will endure.

Mrs. Clare Goslett followed Miss Eden; she spoke in a buoyant, crisp, and very optimistic vein. She said that women were naturally slow to combine, but that they were awakening to the importance of it, and consequently the formation of Unions, Associations, and Leagues was a great feature of the day; she pointed out that success depended upon it; mutual advantage and pleasure can only be attained that way. She also spoke of the dangers of the lonely, monotonous lives that many nurses lead. She urged upon all the necessity of using every means to prevent getting rusty by taking an interest in all topical subjects, especially all questions of reform.

Mrs. Goslett alluded to those retrogressive people who rather pride themselves on being such, and called them "back numbers"! She thought nurses should form opinions for themselves on all subjects, not excepting politics.

Miss Eden read a letter from Miss Amy Hughes, President of the Union, expressing her regret that she was unable to be present, as she had been ordered by her Council to proceed to Australia with the object of organising a system of district work in that country.

In connection with this meeting, an interesting exhibition of District Nursing appliances and nurses' inventions (of our own and other countries) was on view. Many of them we had seen at the Nursing Congress Exhibition, and were well worth our second inspection. It will be seen that the potent word social in connection with this Union is of very wide application. Indeed, the connotation of this word is almost limitless.

At the close of the meeting, very liberal and dainty refreshments were served, and a perfect babel of cheerful voices testified to the enjoyment of the guests.

BEATRICE KENT.

## A National Memorial to Miss Isla Stewart.

On Saturday last a meeting to consider general opinion on the most acceptable form of a Memorial to the late Matron of St. Bartholomew's Hospital was held by the courtesy of the Treasurer in the Clinical Theatre. Miss Cox-Davies, the President of the League of St. Bartholomew's Hospital Nurses, which had convened the meeting, presided, and upon her invitation Mrs. Bedford Fenwick opened the discussion, and said it was of paramount importance that the Memorial should in

some measure be inspired by the spirit of their great Matron. She was not primarily a philanthropist; her whole influence sprang from her innate sense of personal responsibility—her love of learning—the true value of self-education and evolution. A fitting memorial should be of an educational nature. Mrs. Fenwick touched on various schemes of educational value to Matrons and nurses, and the meeting voted unanimously that the Isla Stewart Memorial should be of a national character, and take some educational form to be decided upon by a Committee formed for the purpose.

It was then agreed that the members of the League of St. Bartholomew's Hospital Nurses should be informed of the views of the conference, and that with power to add to its numbers the Committee should, with their consent to act, be formed as follows:—Four Sisters and two nurses to be elected by the Executive Committee of the League, the Hon. Officers of the League, Mrs. Bedford Fenwick, Miss Beatrice Cutler, the Presidents of the affiliated Nurses' Leagues, the Presidents of the Matrons' Council of Great Britain and Ireland, the Scottish Matrons' Association, and the Irish Matrons' Association, a representative of the Army Nursing Board, and the Society for the State Registration of Trained Nurses, with the majority of which societies Miss Isla Stewart was warmly in sympathy and intimately associated. It was agreed that donations in support of the Memorial might be sent to the Treasurer of the League and to Miss Cutler, Deputy Matron at St. Bartholomew's Hospital.

## In Memoriam.

### ISLA STEWART.

The editorial reference in the *American Journal of Nursing* to the death of Miss Isla Stewart is instinctively sympathetic. It is written: "She had a geniality, a generosity of heart, a largeness of outlook that distinguished her among others so endowed. Her opinions on all subjects were liberal and broad. She rejoiced in the full development of individuality, yet cultivated all the avenues of co-operation and associated endeavour. Under her sway, the school at St. Bartholomew's remained, and is, as it was when she took it, conspicuous for progressiveness and liberality of view, and these characteristics are stamped upon the women who have trained there."

Miss Dock writes: "A woman Greatheart has gone from us. The grief of her friends and comrades is deep and real."

The *Irish Trained Nurse*, in referring to the passing of our two dear comrades, says:—"To those who mourn them it is a comfort to remember that their work lives after them. That the example of their high ideals, their strenuous lives, their whole-hearted devotion to their high vocation, is not likely to be forgotten by those who benefitted by their training, their friendship, and their counsel."

ISABEL HAMPTON ROBB.

We are officially informed:—"On April 15th, 1910, Isabel Robb was, in some way which we cannot explain, caught between two street cars while crossing the street, on her way to meet her little son, and so injured that death must have been, according to the physicians, instantaneous. We are thankful to believe this, and to be spared the anguish of thinking that there was great suffering. She was taken at once to St. Luke's Hospital, and friends were soon summoned; among them Isabel Secord, a Johns Hopkins nurse, who has been working in Cleveland during the past year, and of whom Mrs. Robb had grown very fond. It is some small comfort to feel that a nurse from her own beloved school was beside her and able to do the last things that could be done for her here on earth.

The funeral services were held in Trinity Cathedral in Cleveland, and the beautiful service of the Church of England was read by Bishop Leonard and Dean Du Moulin, both of whom were warm personal friends of hers. Wreaths of violets and other beautiful flowers were laid upon the coffin and arranged about the chancel, and these came from the many societies in which Mrs. Robb had worked so devotedly, and from her various friends and associates. Some of the Societies represented were the Society of Superintendents of Training Schools, the Johns Hopkins Alumnae Association, the Nurses' Associated Alumnae of the United States, the Board of Managers of the Lakeside Hospital, and many others.

Miss Nutting, representing the Society of Superintendents of Training Schools, Miss Maxwell, representing the League for Nursing Education (Superintendents and Assistants of Schools in Greater New York), and Miss Delano, representing the Nurses' Associated Alumnae of the United States, were present at the services.

Mrs. Robb was buried in Welland, Ontario, her birthplace, and the home of her family."

A friend who loved her much writes:—"I went up to Cleveland as soon as possible after receiving the message. There was nothing to be done, of course, but it was some small comfort to see again, even in death, the one whom we all so dearly loved in life. Never had she looked more sweet and tranquil and noble than in death.

"We are all simply stunned, and not one of us yet can fully realise the overwhelming nature of the calamity that has befallen us. That such a radiant being, so full of life and strength and power and happiness, could be crushed out of life in one moment seems almost too cruel a blow, and we are finding it hard to accept. I could not help realising on Saturday, when trying by telegram and telephone to reach some of Mrs. Robb's friends and co-workers, how much we owed the fact that we knew each other so well to her efforts towards uniting the workers in our schools and alumnae associations. Her plea for greater knowledge of each other, and greater unity through organisation, was constant."

## Appointments.

### MATRON.

**Cottage Hospital, Hayes, Middlesex.**—Miss Louise Kingham has been appointed Matron. She was trained at the Royal Westminster Eye Hospital and at the Lewisham Infirmary, and has since been Staff Nurse at the General Hospital, Birmingham; Sister at the South-Eastern Fever Hospital, New Cross; Sister at Fulham Infirmary; and Assistant Matron at the Royal Institution for the Blind, Birmingham.

### SUPERINTENDENT.

**District Nursing Institution, Coventry.**—Miss Catherine Crabb has been appointed Superintendent. She was trained at Barnhill Hospital, Glasgow, and at the York Road Lying-in Hospital, and received her training in district nursing at Portsmouth from 1897-1898, since which time she has been Superintendent of the Swansea District Nursing Association.

### ASSISTANT MATRON.

**Maternity Hospital, Liverpool.**—Miss Muriel Foster has been appointed Assistant Matron and Outdoor Superintendent. She was trained at St. Thomas' Hospital, London, and at the British Lying-in Hospital, W.C., and has held the positions of District Midwife at the Miller Hospital, Greenwich; Holiday Sister at the Hospital for Sick Children, Great Ormond Street, W.C.; and Labour Ward Sister at Queen Charlotte's Hospital, London.

### SISTER HOUSEKEEPER.

**London Homeopathic Hospital, W.C.**—Miss Blanche Sleaf has been appointed Sister Housekeeper. She was trained at Guy's Hospital, and has since been Matron of the Cottage Hospital, Buckhurst Hill, and of the Cottage Hospital, East Grinstead.

### SISTER.

**Rotunda Hospital, Dublin.**—Miss Isabella C. Manderson has been appointed Sister. She was trained at the "David Lewis" Hospital, Liverpool, where she afterwards held the post of Sister in Charge for over three years. Miss Manderson has also been trained at the Rotunda, and acted temporarily as Staff Nurse.

### NIGHT SISTER.

**West Norfolk and Lynn Hospital, King's Lynn.**—Miss Mildred Austin has been appointed Night Sister. She was trained at the Essex and Colchester Hospital, and has held the position of Staff Nurse at the County Hospital, Newport, and of Private Nurse on the Staff of the Royal Hants County Hospital, Winchester.

### QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

The undermentioned Staff Nurses resign their appointments. Dated April 23rd, 1910: Miss Marcella Kearney and Miss Eveline D. Lang.

### QUEEN ALEXANDRA'S MILITARY NURSING SERVICE FOR INDIA.

Miss A. M. Deaken has been appointed to the Service as Nursing Sister (Feb. 2nd); Senior Nursing Sister Miss M. Bartlett has been permitted to retire, with effect from Nov. 7th.



## Nursing Echoes.



"View Day" at Bart's will be on Wednesday, May 11th, this year, and during the afternoon there will be a Sale of Work in the Great Hall in aid of the "Nurses' Home Building Fund." Gifts for this purpose will be gladly received by the Deputy Matron, Miss Cutler. It is hoped that a substantial sum may be raised for the Home which Bart's Nurses, for the last quarter of a century, have patiently awaited.

The Annual Meeting of the East End Mothers' Home takes place at the Mansion

the birth of the baby. We hope therefore that the collection to be taken by the nurses at the Mansion House will be a substantial one.

At a gathering, held at Preston on Saturday, of St. John Ambulance workers of the North-Western Counties of England, and Ireland, the nursing units of No. 4 district presented to Colonel Trimble a silver shield, in gold relief, which was afterwards handed over to the district for annual competition amongst the nursing units of Lancashire, Cheshire, Westmorland, Isle of Man, and Ireland. The shield, together with a silver cake dish, was given to the Colonel in recognition of his long services in connection with ambulance work in the division.

A new Chapel in connection with Dr.



The Recreation Home of the Danish Council of Nurses, Vedbæk.

House, on Wednesday, May 11th, at 3 p.m., when the Lord Mayor will preside. The Home, which is doing most excellent work, both for the mothers, and in the training of pupils, is deserving of all support, and works in a desperately poor neighbourhood, so much so that a number of patients who booked to go in have been struck off the register, the reason being, for the most part, that the woman is the sole support of the home, and when she is unable, after a certain period, to obtain work, the whole family have been compelled by stress of hunger to enter the workhouse before

Stevens' Hospital, Dublin, was dedicated last week by his Grace the Archbishop of Dublin. The remains of Madame Stevens, founder of the Hospital, have been removed from the old chapel and placed under the Communion table. Three memorial tablets are on the walls of the chapel, one in memory of Madame Stevens; the second bears the following inscription:—  
"Erected by the Governors in grateful remembrance of the following members of the nursing staff who sacrificed their lives at the call of duty: Edith Vaughan, died 1st February, 1893; Eva Goggin, 21st January, 1897; Mary Fur-



long, 22nd September, 1898; Mary A. Burke, 22nd October, 1902; Bridgid O'Grady, 13th June, 1904; Mary Ellis, 3rd March, 1905; Cecilia E. Kelly, 10th March, 1905." The third is in memory of Mrs. Hayes (the wife of Dr. P. A. Hayes, physician, and one of the Governors of the Hospital), who devoted so much of her services to the welfare of the institution. The Archbishop gave a brief address, and hoped the chapel would prove a great benefit to both staff and patients.

The Danish Council of Nurses is a very progressive body which provides many advantages for its members, amongst them the charming Recreation Home at Vedbæk, of which we have pleasure in publishing the illustration on the previous page. It is an ideally restful place for tired nurses, and is no doubt very popular with the members.

The newly established home at Calcutta for the nurses of the Bengal Branch of Lady Minto's Nursing Association is now open for work. It will be occupied by five nurses, whilst two more will be located in Darjeeling.

The great object of this Association is to supply well trained and experienced nurses at rates which will enable those who are not too well endowed with this world's goods to employ them.

## The League of St. John's House Nurses.

A general meeting of the above League, which was very largely attended, was held at St. John's House, Queen Square, W.C., on Thursday, April 28th.

Among the items of business was the election of a President for the next three years. The retiring President, Sister Charlotte, was re-elected by acclamation, and subsequently appointed Miss K. Walker as Vice-President, and Miss M. Burr as Hon. Secretary.

As is usual with societies managed by women, there was a satisfactory balance to the credit of the League.

It was decided to assist at a sale of work to be held in July, of which the proceeds are to be devoted to the re-decoration of St. John's House Chapel. All contributions should be sent to the Sister Superior.

It was also agreed to communicate with the St. John Ambulance Association respecting their rule that only members of the medical profession should give the nursing lectures for that Association.

## Reflections.

### FROM A BOARD ROOM MIRROR.

The Lady Mayoress, as President of the City of London branch of the British Red Cross Society, is approaching some of the leading City firms with a view to getting their employees to attend, after their business hours, first aid (male) and first aid and nursing classes (female), in order that the work of the voluntary aid detachment of the society may be efficient and ready for use.

We regret to note that the report of Lord Sandhurst, the Treasurer of St. Bartholomew's Hospital, is not a very rosy one. The appeal for £170,000 has only brought in £18,630, and the excess of expenditure over receipts was £5,793 12s. 5d. The amount received for the rebuilding fund up to December last was £144,892. The City is not showing its usual generosity in its treatment of this historic hospital, the only general hospital within the City of London. The truth is its dignified Governors have not yet acquired the knack of picturesque advertising.

King Albert of Belgium has sent £500 to the Liverpool School of Tropical Medicine.

The Chelsea Hospital for Women has received from the Trustees of the Zunz Bequest a grant of £2,000 to name a ward "The Annie Zunz Ward."

The Lord Mayor of Leeds has given a donation of £50 towards the building fund of the Leeds new Maternity Hospital. His Lordship has also consented to preside at the opening ceremony, which will be performed by Mrs. Kendal, on May 23rd.

Speaking recently at Reading on Poor-Law reform, Sir Rufus Isaacs said that no matter what their politics there was a feeling throughout the country that something more and something better should be done respecting the administration of the Poor-Law.

At the request of Dr. Ravelin, the head of the Department of Bacteriology in the University of Wisconsin, the girl students of his department have presented a play in which all the characters will be microbes, or "bugs," as the irreverent students call them. The play depicts in a brief story the war of the germ world against the human race and the decision of germ land to exterminate mankind. But the action includes the love affair of Teddy Tubercle and Bessie Bacillus, a stenographer.

### WEDDING BELLS.

On the 28th ult., at St. Mary's, Sudeley, Gloucestershire, the marriage took place of Mr. W. Bruce Clarke, F.R.C.S., senior surgeon to St. Bartholomew's Hospital, E.C., and Miss Agnes Mary Jackson, younger daughter of the late George Mavor Jackson, of Sandford Lodge, Cheltenham, certificated in the Training School of St. Bartholomew's Hospital.

## Outside the Gates.

## WOMEN.



At the meeting of the Public Health Committee of the National Union of Women Workers, held on April 25th, Miss Emily Jones proposed a vote of condolence be sent to the friends of Miss Isla Stewart. This was carried, all present standing, and Miss Jones was requested to convey the expression of regret and sincere sympathy on the Committee's behalf.

Every woman worth her salt holds the name of John Stuart Mill in the deepest respect, and "The Letters of John Stuart Mill," edited by Mr. Hugh Elliot, will be eagerly read by many. It will be remembered he made a very happy marriage in 1851 with an old friend—Mrs. Taylor—and the following letter, in which he expresses his views on the relations of the sexes no doubt accounts for it.

"Being about, if I am so happy as to obtain her consent, to enter into the marriage relation with the only woman I have ever known with whom I would have entered into that state; and the whole character of the marriage relation as constituted by law being such as both she and I entirely and conscientiously disapprove, for this among other reasons, that it confers upon one of the parties to the contract, legal power and control over the person, property, and freedom of action of the other party, independent of her own wishes and will; I, having no means of legally divesting myself of these odious powers (as I most assuredly would do if an engagement to that effect could be made legally binding on me), feel it my duty to put on record a formal protest against the existing law of marriage, in so far as conferring such powers; and a solemn promise never in any case or under any circumstances to use them. And in the event of marriage between Mrs. Taylor and me I declare it to be my will and intention, and the condition of the engagement between us, that she retains in all respects whatever the same absolute freedom of action, and freedom of disposal of herself and of all that does or may at any time belong to her, as if no such marriage had taken place; and I absolutely disclaim and repudiate all pretence to have acquired any *rights* whatever by virtue of such marriage."

J. S. MILL.

Would that all men were sufficiently generous to divest themselves of the "odious powers" which our matrimonial laws still confer.

The subject of Woman Suffrage is treated in many of the letters.

The first woman licentiate of the Royal College of Physicians of London is a Parsee lady, Dossibai Rustomji Cowasji Patell, of Bombay. We con-

gratulate her. A fine field of work is open to her in her native land.

Speaking recently on behalf of Women's Suffrage, Miss Rathbone, of Liverpool, said people had told her that the Woman's Suffrage movement was fizzling out. She could not detect, however, any sign of collapse in the agitation, which had now gone on for nearly half a century. Women were told that they must not strive to take any part in the making of laws, for the reason that they had not the physical force to see that the laws were carried out. If this was so why was not the Cabinet chosen from the ranks of prize-fighters?

The procession and demonstration in London on Saturday, May 28th, is to be a really fine spectacle, and the whole length of the Embankment, from Blackfriars to Westminster, will be insufficient for the numbers who mean to take part in it. Miss Pine and Miss Townsend, 4, Clement's Inn, W.C., are in charge of the trained nurses' contingent, and we hope it will be an impressive one.

## VERSE.

The paths of pain are thine. Go forth  
With patience, trust, and hope;  
The sufferings of a sin-sick earth  
Shall give thee ample scope.  
Beside the unveiled mysteries  
Of life and death go stand,  
With guarded lips and reverent eyes,  
And pure of heart and hand.

WHITTIER.

## COMING EVENTS.

May 7th.—General Hospital, Birmingham, Nurses' League. Third Annual Meeting at the Hospital, 3 p.m. Social Gathering, 4.15 p.m.

May 9th.—St. Pancras School for Mothers. Third Annual Meeting of the St. Pancras Mothers' and Infants' Society, St. Pancras Town Hall, 3 p.m.

May 10th.—The Infants' Hospital, S.W. A Course of Lectures on Babies. II.—Zymotic Enteritis. The conditions under which the disease arises. By Dr. Ralph Vincent. Lecture Theatre, 5 p.m.

May 11th.—View Day, St. Bartholomew's Hospital, E.C. Sale of Work for the new Nurses' Home Building Fund, Great Hall.

May 11th.—East End Mothers' Lying-in Home, Commercial Road, E. Annual Meeting, Mansion House, Lord Mayor in the chair, 3 p.m.

May 12th.—Guy's Hospital, S.E. Post Graduate Lectures. "The Mental Factor in Disease." By H. C. Cameron, Esq., M.D. Nurses' Home, 8 p.m.

May 28th.—Procession of Women Suffragists from the Embankment to Albert Hall, organised by the Women's National Social and Political Union.

## WORD FOR THE WEEK.

"The man who has begun to live more seriously within, begins to live more simply without."

## Letters to the Editor.



Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

### THE RED CROSS SCHEME.

To the Editor of the "*British Journal of Nursing*."

DEAR MADAM.—I am most delighted to see that you are publishing this week an article on the above which badly requires—so it seems to me—some practical hints.

The working out of this scheme appears to me to be in the hands of well-intentioned ladies who have no knowledge of practical hospital work or organisation. Doubtless in many places there will be nurses who can help things to be efficiently organised in a workable manner, but, in small, remote country districts especially, there are many difficulties in the way.

As regards getting a doctor to give the St. John's lectures, that in many cases is almost an impossibility in remote districts. There is usually only one available practitioner for many miles of practice, and his time is more than filled without giving lectures. We are here, a remote Cumberland dale. We are making a start with a series of six lectures on Home Nursing, under the auspices of the County Council, whose syllabus is an excellent one. In these lectures the greatest interest is taken, and in the autumn I hope to arrange for a course of St. John's first aid lectures for both men and women. I think that if a workable, intelligent scheme be presented to them, the dalespeople will take up the Red Cross scheme and work it well and efficiently, for I have found out by experience how very good they (both men and women) can be in times of sickness or accident, and though untrained there is much excellent material. But it wants a trained hand at the helm, and it does not seem to me that nurses sent only when the emergency arises and the crisis is upon us, unknown to their staffs, can be very successful heads of these country districts. At the head of every section (not necessarily every unit) there should be a trained nurse who could superintend the work of four or five villages. The kind of nurse required too is one who has had experience of administration as Ward Sister or in the Assistant Matron's department of a hospital, but I am quite sure the scheme cannot be a success as long as it remains of the amateur character it at present is. Will you be printing the Red Cross scheme article as a leaflet suitable for distribution amongst my class? The thanks of all of us who are trying to work the scheme on efficient lines are due to you, and the article I hope will be widely circulated.

Faithfully yours,

MARY C. FAIR.

Esksdale Vicarage, Boot S.O., Cumberland.

### NO COMPULSION.

To the Editor of the "*British Journal of Nursing*."

DEAR MADAM,—I was present at the discussion on "State Registration" that took place last Saturday at the Horticultural Hall, S.W. I much regret that I did not, on the spot, stand up and correct two of the Hon. Sydney Holland's proverbial "inaccuracies," but perhaps you will allow me to do so through the medium of your valuable paper.

Inaccuracy No. 1.—Mr. Sydney Holland stated that the London Hospital nurses will not register should the Nurses' Registration Bill become law. I have met many nurses trained at the London Hospital, who are strongly in favour of State Registration, and who also strongly resent Mr. Sydney Holland representing (I should say misrepresenting) their views on the subject.

Inaccuracy No. 2.—I understood Mr. Sydney Holland to say that the London Hospital does not receive probationers who have had previous training in other hospitals.

I have met many nurses who have gone to the London Hospital with previous training, and one of my personal friends had been in two hospitals before she entered the London. I may add that she was made Sister of a ward before she had finished her three years' training.

I am, yours faithfully,

ANNIE E. HULME,

Superintendent.

The Nurses' Lodge,

9, 10, 11, Colosseum Terrace, N.W.

[The question under discussion of whether nurses trained at the London Hospital or any other hospital will or will not register when our Bill becomes law is immaterial. They will be at liberty so far as the Act is concerned to do as they choose. Registration under its provisions will not be compulsory. The officials of the London Hospital, however, realise that the moral effect of legislation will be irresistible, and that unregistered nurses cannot hope to compete with those who avail themselves of the legal status the Act will confer. Such a discussion is futile. Presumably London Hospital nurses are free agents! Anyway they will be when the Registration Act is enforced.—Ed.]

## Comments and Replies.

*Forhams*.—The climate of the Canary Islands is warmer, drier, and less relaxing than that of the Azores and Madeira. Santa Cruz, the capital of Teneriffe, has a mean annual temperature of 70.15 degrees Fahr. Write to the Chief Clerk, Colonial Office, Downing Street, S.W., and inquire if the islands have now a clean bill of health.

*Miss M. P., Slough*.—We regret being unable to write a private letter a second time on the question of State Registration, as all information is given week by week in this Journal, which is the official organ of the State Registration Society.

### OUR PUZZLE PRIZE.

Rules for competing for the Pictorial Puzzle Prize will be found on Advertisement page xii.

# The Midwife.

## The Central Midwives' Board.

### SPECIAL MEETING.

A special meeting of the Central Midwives' Board was held at the Board Room, Caxton House, on Tuesday, April 26th, to consider the Bill of the Lord President of the Council, introduced into the House of Lords, to amend the Midwives' Act. Dr. Champneys presided.

#### CLAUSE I.

In the discussion of Clause I. (c), which provides that two certified midwives shall be appointed members of the Board, one by the Midwives' Institute, Miss Paget said she considered it hard that there should be only one representative of the Midwives' Institute on the Board, as it was a midwives' Bill, and not a doctors', for four of whom provision was made on the Board. She hoped the Board would endorse the view that the Midwives' Institute should have two representatives, and Dr. Herman supported this.

Dr. Champneys said the Board existed neither in the interests of doctors nor midwives, but in the interest of the mothers of England, and personally he was only concerned to safeguard that interest.

Mr. Parker Young considered the Midwives' Institute was only a small society, consisting of about 1,000 members out of a possible 6,000 trained and certified midwives, and that to give the Midwives' Institute two members on a Board of thirteen was excessive. Accordingly he and Mr. Golding Bird voted against the proposal, which was not carried.

#### CLAUSE VII.

Clause VII. provides that "every certified midwife shall, on or before the 31st of March in each year, send to the Central Midwives' Board, on a form to be supplied by the Board for the purpose, her name and address, together with a fee of one shilling, and if any certified midwife in any year fails to comply with this requirement her name shall be removed from the Roll, and thereupon her certificate shall be deemed to be cancelled."

Miss Paget opposed this on the ground that it would confuse midwives if they were required to notify the Local Supervising Authorities of their intention to practise in January and to furnish the returns suggested to the Central Midwives' Board in March. It was suggested by the Secretary that if this clause were enforced half the midwives would be struck off every year for non-compliance.

The Secretary was directed to frame a recommendation as to the desirability of an alteration in the date (March 31st).

#### CLAUSE X.

Clause X. provides that "where the Central Midwives' Board decide upon the removal from the Roll of the name of any midwife they may, in addition, prohibit her from attending women in childbirth in any other capacity."

The Chairman was strongly in favour of those

struck off the Midwives' Roll being prohibited from acting as mouthy nurses.

#### CLAUSE XI. (1).

Clause XI. provides that "where a woman certified under the principal Act, who has not given the Local Supervising Authority such a notice as is mentioned in Section 10 of the principal Act, attends any woman in childbirth in any capacity other than that of midwife, and a duly qualified medical practitioner is not present at the time of the birth, she shall, within 48 hours from the birth, give to the Local Supervising Authority notice in writing of the fact that she so attended, and if she omits to do so shall be liable on summary conviction to a fine not exceeding five pounds."

This was warmly opposed by Mr. Parker Young, who said if it were passed he should hesitate to employ a trained midwife to nurse his cases, as, if he were not present for the actual delivery, a report of the case would have to be sent to the Local Supervising Authority. He instanced the annoyance this might cause in the case of an unmarried girl. It was generally agreed that this clause put the trained midwife in a worse position than the untrained person. Its deletion was recommended. The Secretary to frame the reasons.

#### CLAUSE XIII.

Clause XIII. provides: "A Local Supervising Authority may aid the training of midwives whether within or without their area, and may make grants for the purpose."

In the discussion upon this clause, it was suggested as desirable that the Boards of Guardians should be approached for the necessary grants rather than the Local Supervising Authority.

#### CLAUSE XV.

Clause XV. provides that "For the purpose of exercising the powers of supervision over midwives conferred on Local Supervising Authorities, any officer appointed by such an Authority for the purpose may at all reasonable times enter any premises which he has reason to believe to be a lying-in home conducted for profit within the area of the Authority, and in which he has reason to believe that a certified midwife is employed or practises, or that a woman not a certified midwife practises in contravention of the principal Act, and any person who wilfully obstructs such officer in the performance of his duties shall on summary conviction be liable to a fine not exceeding five pounds."

Miss Paget opposed this on the same ground as Clause XI. (1), it being another injustice to the trained midwife. She pointed out that an untrained person might receive a lying-in woman for pay, if a medical man were in attendance, and escape inspection, whereas a certified midwife under the same conditions would have to be under supervision.

Mr. Parker Young supported this view.

Dr. Herman proposed that the deletion of this clause was desirable. This was carried.



### CLAUSE XVII.

Clause XVII. provides that a medical practitioner summoned on the advice of a certified midwife in emergency shall be entitled to recover his fee from the Board of Guardians of the Poor-Law Union in which the woman resides.

Miss Paget wished to substitute "the Local Supervising Authority" for "the Board of Guardians," but the Chairman was of opinion that the Central Midwives' Board was not an expert on this matter, and that it was a question for the House of Commons.

### EXAMINATION PAPER.

The following are the questions set at the Examination of the Central Midwives' Board on April 28th, 1910:—

1. What do you mean by an antiseptic? Name three in common use in midwifery. State for what purpose you would use each of these you mention, and how you would prepare them.

2. What symptoms in a pregnant woman would lead you to suspect the onset of eclampsia? What treatment would you adopt before the arrival of a doctor?

3. Describe the management of a case of uncomplicated twin labour at full term.

4. Supposing you had attended a case of puerperal septicæmia, describe fully what precautions you would take before attending another confinement.

5. What are "after-pains"? To what causes are they due, and what treatment would you adopt in a severe case?

6. Describe the normal appearance of the infant's stools from birth until the end of the first week. What changes in them would you think it necessary to report to the doctor?

### THE SUPPLY OF MIDWIVES IN LONDON.

The Midwives Act Committee of the London County Council on April 19th, as reported by the *Lancet*, drew the attention of the Council to the Order in Council issued on March 14th last authorising the Central Midwives Board to enrol, without examination, any women entitled under Section 2 of the Act of 1902 to be certified, but who failed to make application, provided that no one is admitted to the roll in this manner after Sept. 30th. From evidence given before the Departmental Committee appointed to consider the working of the Act of 1902, it appeared probable (said the Committee) that the number of midwives at present certified under the Act would be insufficient in a few districts. It was to meet this difficulty, apparently, that the Order in Council had been made. In London, however, so far as could be ascertained, the number of midwives was in excess of requirements. In these circumstances it seemed very undesirable that any addition of insufficiently trained persons should be made to the ranks of women permitted by law to engage in practice in London, and the Committee recommended that the Central Midwives' Board should be asked to refrain from admitting to the roll of midwives in London any person unqualified by examination. This was agreed.

## The Direct Representation of Midwives.

A meeting of Midwives to discuss direct representation on the Central Midwives' Board was held in the Cavendish Rooms, W., on Friday, the 29th of April. Mrs. Robinson, the President of the 1910 Union of Midwives, was in the chair.

Mrs. Eddy, a Committee member of the National Association, opened the discussion with a very able address on direct representation. She urged the necessity for all midwives to band themselves together in order to obtain what is so badly needed—a working midwife on the governing body, and reminded the meeting that at the Conference at the Royal Horticultural Hall we were told that the word "interest" was heard too frequently; we should be all working for the interest of the mothers and children. Mrs. Eddy pointed out that most midwives were mothers, and therefore would work for their interest; but the best way to serve the mothers was by having better trained and better educated women to act as midwives—in fact, to raise the status of midwives altogether. The value of having a working midwife on the Board could not be too strongly emphasised, as she is the person who knows exactly where the rules and regulations require alteration, and she is the one who could suggest improvements where necessary.

Mr. Fisher, the business adviser to the Union of Midwives, drew the attention of the meeting to the excessively critical period through which the profession is now passing, the introduction by Lord Wolverhampton, Lord President of the Council, of the Bill which is supposed to be a reform of the existing Act, and the apathy of the rank and file of the midwifery profession to the importance of these things. He suggested that we should at once form a Parliamentary Committee to deal with Lord Wolverhampton's Bill, and the following midwives were appointed to serve on that Committee: Mrs. Lawson, President of the National Association, Miss Webb, Mrs. Eddy, Mrs. Carnegie Williams, Mrs. Gilroy, and Miss Macdonald.

The following resolution was then passed by the meeting:—"That this meeting of midwives assembled in London on the 29th of April, 1910, pledges itself to offer the most strenuous opposition to the Bill recently introduced into the House of Lords by the Lord President of the Council in deliberately ignoring the claims of midwives to adequate direct representation on the Central Midwives' Board, and calls on all members of Parliament to support the claims of registered and qualified midwives for direct representation."

V. B. M.

To help to defray its initial expenses, the 1910 Union of Midwives organised a musical entertainment which was held at the Cavendish Rooms, W., on Thursday, April 28th, when Mr. George Clancy's Pierrots were in charge of the programme. As there was a full room, and all the refreshments were given by members of the Committee, we hope there was a substantial balance.

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XLIV.

## Editorial.

### A WORLD LAMENTS.

The sorrow which has so suddenly overwhelmed the nation by the passing of its King intimately touches the nursing profession, for his statesmanlike breadth of view and clear insight enabled King Edward VII. to understand how important a place trained nursing is assigned in the healing art, and in his public utterances in relation to nursing he always gave practical proof of his appreciation of the value of the work of nurses to the community. Trained nurses had frequently reason to be thankful to His Majesty for the high honour in which he held their profession, and they can bring no better tribute to his memory than their gratitude for the dignity with which he always invested it.

For instance, in July, 1908, His Majesty publicly stated: "It has now, happily, long been recognised that in the alleviation of pain and sickness good nursing is of supreme importance, and that it is in the interests of the community that measures should be taken to obtain skilled and efficient nurses in increased numbers and to procure for them such advantages and prospects as will retain them in their profession."

When Princess Louise, Duchess of Argyll, attended the Jubilee Congress of District Nursing at Liverpool last year it was announced that the King had intimated to her Royal Highness that he highly approved of her coming to Liverpool for that purpose, and hoped the Congress would result in very much good to the cause of District Nursing.

Again, when King Edward presented the colours to the Territorial Force at Windsor Castle last year the Matrons of the Nursing Service connected with it were honoured by

the Royal command to be present; and when the International Council of Nurses met in London in July last it was announced by the President from the platform that the Lord Chamberlain desired that the Congress should be informed of the special interest taken by the King in the visit of its members to Windsor Castle during the Congress week. The King wrote himself from Biarritz instructing that special facilities should be granted on this occasion, and His Majesty specially singled out the delegates of the Canadian National Council by permitting them to place a wreath upon the tomb of the late Queen Victoria in the mausoleum at Frogmore, bearing an inscription expressing their loyalty and devotion to the Crown.

In October last the King, when laying the foundation-stone of a new block at the Norfolk and Norwich Hospital, said, in the course of his reply to an address from the Governing Body: "The encouragement which you give to your nurses to join the Nursing Service of the Territorial Force meets with my most cordial approval. In matters of life and death the services of the trained nurse are no less essential than those of the physician or surgeon." And during his last visit to Biarritz King Edward visited the Nursing Home which he founded there, and warmly congratulated the nursing staff on the valuable services which they have rendered to the British colony in Biarritz.

There are no more loyal subjects of the Crown than the trained nurses of the realm. They participate in the universal sorrow, and they profoundly sympathise in her bereavement with the gracious Queen who has endeared herself to the whole British people. To King George and his Consort, at this sorrowful time, they offer their loyal and respectful sympathy.

## Queen Alexandra's Message to the Nation.

Buckingham Palace.

May 10th.

From the depth of my poor broken heart I wish to express to the whole Nation and our kind People we love so well my deep-felt thanks for all their touching sympathy in my overwhelming sorrow and unspeakable anguish.

Not alone have I lost everything in Him, my beloved Husband, but the Nation, too, has suffered an irreparable loss by their best friend. Father, and Sovereign thus suddenly called away.

May God give us all His Divine help to bear this heaviest of crosses which He has seen fit to lay upon us—"His Will be done." Give me a thought in your prayers which will comfort and sustain me in all I still have to go through.

Let me take this opportunity of expressing my heartfelt thanks for all the touching letters and tokens of sympathy I have received from all classes, high and low, rich and poor, which are so numerous that I fear it will be impossible for me ever to thank everybody individually.

I confide my dear Son into your care, who I know will follow in his dear Father's footsteps, begging you to show him the same loyalty and devotion you showed his dear Father.

I know that both my dear Son and Daughter-in-law will do their utmost to merit and keep it.

ALEXANDRA.

## The Royal Funeral and Lying in State.

No more stately shrine could be chosen as the last resting place of the dead King than St. George's Chapel, Windsor, where, with all honour, he will be laid to rest on Friday, May 20th. The opportunity afforded to the nation of paying a last tribute of respect to its late Sovereign during the public lying in state at Westminster Hall, on the three preceding days, is keenly appreciated, and many thousands, among whom trained nurses will certainly be represented, will pass through the Hall during this time.

## Clinical Notes on Some Common Ailments.

ANÆMIA.

By A. KNYVETT GORDON, M.B. (Cantab.).

I have chosen the subject of anæmia for discussion, not because its victims fall often under the care of the trained nurse—for as a rule they are not confined to bed—but on account of the frequency with which it affects nurses themselves. Moreover, as will be seen, it throws some light on the causation of another disease—gastric ulcer—which we will take next, and in which very careful nursing is imperatively necessary.

In the preceding articles we saw that the fresh air which was taken into the lungs with each inspiration was absorbed or taken up by the red corpuscles of the blood, and thus conveyed to all parts of the body. In health these red cells, which are formed from the marrow which is found inside some of the bones, do their duty well, and take up all the oxygen that they can get, but when for one reason or another they fail to do this, the patient becomes ill, and is said to be suffering from anæmia or "poverty of blood."

Now there are many causes of anæmia, or rather there are many different varieties of the disease. There may be too few red corpuscles in the blood, as after a loss of blood itself, such as may follow hæmorrhage from a wound or from the uterus during a confinement, or even from an excessive loss at the monthly periods, and until this loss is made good by the production of fresh red cells, the patient is anæmic. Or, again, the process of formation of the corpuscles may be defective, as it is during convalescence from almost any severe illness, or there may be actual disease of the bone marrow itself.

If we put aside all these more obvious causes of a deficiency in red cells, there remains a definite disease which is very common amongst females from the age of 14 to 24 or thereabouts, which is often known as anæmia, but is preferably called chlorosis, to distinguish it from the other forms of anæmia. This name was given to it on account of the peculiar greenish tinge of the skin which it produces, chlorosis being simply the Greek for greenness.

Here the red cells are affected in two ways: there are not enough of them in the first place, and, secondly, each cell is deficient in hæmoglobin, which is the name given to the substance by virtue of which they perform their work of absorbing oxygen and giving it up again to the tissues in exchange for the waste product carbonic acid.

When we come to inquire why they contain too little hæmoglobin we meet with some difficulty, because many different reasons have been given for the change, but it is quite evident that the primary cause is a deficiency of iron, which is essential to the production of hæmoglobin, and the view which we shall take now, for, in my opinion, it best explains the symptoms of the disease, is not that there is a deficient production of iron (or rather transference of iron from the food to the red blood cell), but that there is a destructive process going on (or rather an excess of the normal destructive change) whereby iron in the corpuscles is removed from them and passed out of the body.

Now in chlorosis there is invariably constipation, or, in other words, retention of matter in the bowel which should be excreted and not allowed to accumulate; when this condition is remedied the chlorosis improves, and it is probable that certain poisons, or toxins as they are called, are produced in the stagnant faeces and absorbed back again into the circulation; when they reach the blood they attack the red cells and dissolve out, as it were, some of their contained hæmoglobin. This, however, obviously cannot be the complete explanation, for chlorosis is practically confined to women, and constipation occurs in men also, though not nearly so frequently, and we have a further reason in the fact that there is almost invariably some suppression or change in the menstrual function also, which may also result in the formation of toxins which have a similar effect. Probably toxins are formed in varying quantities in different cases both in the bowel and the reproductive apparatus, but the change in the latter organs is largely a result itself of the constipation.

Besides the constipation and the menstrual troubles, the digestion is almost always affected. More will be said about this in the next article, but for the present we will mention that there is in acute cases pain and sickness, sometimes actual vomiting, directly after food, and, in the more chronic illnesses, pain and heaviness about an hour after each meal.

The result of the deficiency in the blood cells themselves is seen in two ways: firstly, the skin is pale, and the mucous membranes (lips and gums) have also a blanched appearance, simply because the blood itself is not sufficiently red, and there is breathlessness on exertion, on account of the brain not receiving as much oxygen as it should; for the same reason dizziness and faintness are common. The deficiency in hæmoglobin can be measured accurately by withdrawing a few drops of blood

and comparing the tint when diluted with that given by healthy blood, and the number of red cells can be counted when a drop of the patient's blood is examined under the microscope.

Coming now to the causes of the chlorosis itself, it will be obvious that two factors are most prominent—namely, constipation and want of fresh air. In addition to these, the presence of indigestion plays an important point in that what is known as a vicious circle is established; inability to digest food causes anaemia, because the body does not receive an adequate quantity of iron, and the anaemia causes indigestion because the blood circulating in the stomach walls is of poor quality, and therefore the stomach is weak and sluggish; we then get a state of things which reminds us of a dog running after its own tail.

Let us now inquire why chlorosis is so prevalent amongst nurses. Firstly, dyspepsia is very common, for the simple reason that in the vast majority of hospitals quite inadequate time is allowed for breakfast, and, whereas for a nurse's work this meal should be the most substantial of the day and the best cooked, it is very often the lightest and the cooking is practically non-existent. Who is not familiar with the clammy porridge, the cold contract egg, and the uninviting slab of bread, with its scanty allowance of dubious butter, that forms the staple fare in so many hospitals? Inasmuch also as the majority of nurses, especially in their first year, are almost necessarily tired when they rise in the morning, the temptation to still further curtail the altogether insufficient period of half an hour which is usually allowed for breakfast, by snatching a few extra moments in bed is very strong. So the first meal of the day is often bolted in five minutes, to be followed by the inevitable gastric pain and discomfort; and when the fuller and better cooked midday meal arrives, the nurse is often too tired to "fancy" it, and consequently her dinner is followed by a repetition of the morning's dyspepsia. The net result of this is that the staple article of the nurse's dietary is tea, which can hardly be said to be a suitable beverage for the dyspeptic. In practice the appetite does not reappear until the next "time off," when a raid is made on the nearest confectioner's shop, and the nurse, on returning to hospital, is seen to be decorated with the inevitable paper bag containing a dietary which can hardly be said to consist mainly of digestible protein!

Nor is this all. It is, of course, essential that the bowels should be open daily, and for this it is a physiological necessity that the in-



estine should be stimulated by the pressure on it of the stomach which has been filled by the morning meal. When this consists of a cupful of hastily swallowed tea and a piece of bread and butter, this stimulus is absent and constipation results. It is best that the bowels should act regularly without aperients, but for the chlorotic girl it is better that they should act with aperients, such as a daily dose of effervescent saline, than not at all.

The treatment of anaemia resolves itself into the abolition of the above-mentioned causes and the administration of some preparation of iron internally, but it is not so generally known as it might be that iron is one of the most difficult drugs to administer properly, for it is essential to suit the preparation to the patient's digestive powers. When there is pain after food, the dyspepsia and the constipation must, as a rule, both be treated before the iron is given at all. Treatment of the dyspepsia, too, has often to be preceded by the removal of decayed teeth.

Some of the preparations of iron that are so freely retailed by the advertising chemists and patent medicine vendors are quite insoluble, and in practice pass out of the blood unchanged; in fact, on one occasion I placed some "Blaud Pills" on a deal board and succeeded in hammering them into the wood without breaking the pills! What use they would have been to the faithful chlorotic who bought them under the impression that they would enrich her blood (and, I think, make her hair grow also) is not easy to discover.

Properly treated, chlorosis and its consequences respond most readily to drugs and hygiene, but if neglected, or combated by the indiscriminate swallowing of patent medicines, they are apt to involve the giving up of the nursing vocation altogether by the unfortunate patient.

## The Chemistry of Infantile Digestion.

Lecturing on the Chemistry of Infantile Digestion on May 3rd, at the Infants' Hospital, S.W., Dr. Ralph Vincent prefaced his remarks by acknowledging that it was the most complicated subject, and he did not propose to deal with all the processes, as that would include a very wide scope, but he would explain the simple and normal processes, and to understand these it was necessary to have some idea of the alimentary canal, which he briefly described with the assistance of diagrams. He then dealt with the constituents of milk, demonstrating by ex-

periment the amount of fat to be found in rich cows' milk and the casein in fat free milk. He said that in mothers' milk there was a large proportion of whey proteins, and this should also be found in all substitutes. Whey contains a large amount of proteins. If rennin were added to human milk it would throw down a fine granular curd. In cows' milk the curd was much larger, and dense and tough; it was only necessary to modify the latter to get the natural curd.

The modification of cows' milk to suit the needs of each infant is the basis of all Dr. Vincent's teaching. He showed very conclusively that the common practice of boiling the milk was a mischievous one, as by this means the lactic acid is destroyed, which alone controls organisms associated with putrefactive changes, for these cannot grow in an acid medium. In boiled milk the decomposition is putrefactive in kind, and the products of this decomposition are highly poisonous. Pure milk cannot decompose, though it may turn sour. On the acidity of the alimentary canal, the welfare of the child depends. Another serious thing is to give an infant barley water, it being starchy, and the amylase not being present in the child till the sixth or seventh month it cannot digest it. Further the colon bacillus can live upon it, and will soon find its way also into the small intestine, causing wind, which is the result of the colon bacillus and barley water.

After explaining the movements of peristalsis, he described two exaggerations:—

1st, Colic, when a large amount of unsuitable food had to be got rid of, peristalsis instead of being gentle became sudden and painful, tonic contraction.

2nd, Paralytic contraction. A case of marasmus, properly fed and treated, may develop abdominal distension. The inhibitory nerve fibres, instead of contracting, give way, and the intestine dilates. Unless this is controlled, paralytic distension follows. An infant in health will always vomit sour fluid, and this unless it becomes excessive may be considered a normal condition. Large curds excreted are not necessarily proteids; they are found in the motions of infants fed on whey or even albumen water. They may be due to colitis, causing much mucus and debris to be excreted.

A quiet and increasing interest in the relation of morality and health is being aroused; and the special sub-committee of the National Union of Women Workers which has had the matter under consideration has decided to hold a one day's Conference in London at the end of September. Valuable help in their difficult work should result for rescue workers.

## The Relations of Nursing and Medicine.\*

By Miss MOLLETT

*Matron, Royal South Hants Hospital,  
Southampton.*

The relation between the medical and nursing professions, is just one of those subjects that looks as if it might be easily dismissed in a few sentences, but is not so readily dealt with when one begins to consider it.

No one doubts the existence of a medical profession. Well organised, well equipped, holding a distinct mandate from the public to act on its behalf in all matters connected with disease and health, it enjoys in a really extraordinary manner the thoroughly well deserved confidence and trust of the public.

And the position of the medical profession is based on a sound foundation. It is possible to be peaceful and indifferent enough to pass through life without troubling either a lawyer or clergyman, but very, very few of us escape the doctor. He ushers us into the world, he assists us to leave it, and in the interval he vaccinates us, sees us through measles, scarlet fever, mumps, and the more alarming disorders of our later life. We look to him to deliver us from the results of our follies and misfortunes; it is to him we turn for relief from pain, for help in the thousand ills that the flesh is heir to. No calling is more well established and justly popular with all classes. None more indispensable. What position, then, towards the great masters of the healing art does the nurse hold? What nursing as a whole to medicine?

Arguing from one point of view, it is quite possible to doubt the need of a nursing profession at all. Arguing from another, and from one, I believe, justified by results, it holds an exceedingly important position in the treatment of disease. Nursing in its simplest form is older than medicine. Even in the Stone Ages there must have been some women to bathe the wounds of the brave who had been mauled by one of the awkward animals of those days, to lay him on the softest skins, to bring him drink, and to try in a rough way to make him comfortable. As absolute savagery passes a desire arises in men.

They wish to wrestle with disease as they were used to wrestle with more tangible foes, to match their cunning against that of death, to try a fall with the strongest of all powers, to know the why and wherefore of this terrible

misfortune that overtakes the race, to try whether it might be evaded. It is little more than superstition and ritual, but it is the first dim effort at investigation and treatment, the first rudimentary attempt to assist nature in a cure. The medicine man has arrived. In the meantime nursing goes on its way with the same old fundamental principle, "to make him comfortable."

But medicine is nothing if not progressive, and as civilisation advances science is pressed into its service, chemistry lends its aid, bacteriology opens new worlds, the art of surgery extends its borders, and finally the profession of medicine decrees that nursing shall no longer be carried on in haphazard fashion, but that it also shall be subordinate to scientific principles. The nurse of the sick shall really be competent to assist with knowledge and to carry out with skill her share of the work. She shall count as a factor in the treatment of disease. She shall assist the medicine man. Thus we arrive at modern nursing.

When this commonsense view became generally accepted, the profession of nursing grew with extraordinary rapidity. From the moment it dawned upon the public that it was possible to have a tool trained to work under the doctor with intelligent comprehension, to have someone to lean on in his absence, someone who could with knowledge translate and carry out his orders, modern nursing has never looked back. Nurses have been, of course, abused, they have often been regarded as a disastrous necessity, but they have been regarded as a necessity.

"Doctors and nurses were at once despatched"; so concludes the account of many an accident. "Sir Dash Dash and four trained nurses are in constant attendance," runs the report in cases of illness in which the public are interested. During an epidemic the country is ransacked for nurses to supply the infected area. Wherever dwells humanity liable to be afflicted with disease or injury there must go the medical man. It may be to the heart of Africa, on coasts riddled with malaria, to plague camps, on battlefields; but wherever it may be, there, sooner or later, generally much sooner, he is followed by the nurse. Just an ordinary commonplace woman, by no means always perfect, and often (being human) making grievous mistakes, but necessary, always necessary, and giving, in a very curious way (if at all worthy of her name) a comfort and sense of relief nothing else gives. We are fast reaching out towards it—we have not yet quite arrived—but when the medical and the nursing profession have fully realised what each must be and is to the other, a

\* Read before the International Congress of Nurses, London, 1909.

Weapon will have been forged to deal with disease, as finely welded as a human weapon can be.

The actual work the nurse does as the physician's or surgeon's assistant varies, must vary, with surroundings and circumstances. We are too often in such matters the slaves of custom. Such things are customary in one hospital or country, such in another. Many things are done by nurses to-day that were not left to them thirty years ago. It is a matter of small moment as to what exactly are the duties demanded of her as long as she is able to fulfil them, and as long as the principle is not lost sight of that regulates the relative position of the two professions towards the patient. It is the duty of the doctor to direct, diagnose, and control; it is the duty of the nurse to obey and carry out the treatment prescribed by the senior partner. We have to thank that senior partner for a great and illuminating interest in our work, for making clear to us what before was dark and uncertain, for helping us to build a road along which we travel in safety, where before we wandered on dubious side-paths.

Before the medicine men gave us their help and assistance and taught us to appreciate the beauty that lies in the scientific and artistic side of the healing art, nursing failed to satisfy the craving of a whole gamut of legitimate aspirations in our nature.

Nursing was then undertaken either by those very perfect souls whose life was sufficiently filled by self-sacrifice, and who desired nothing better than to spend themselves for others; or, as unfortunately there really were not enough idealists for the needs of the sick, by those who considered nursing as unadulterated toil. Neither uplifted by a high ideal, nor refined by the more intellectual side of their work, these often drifted to a deplorably low level.

As the doctor's assistant, we learn to take that same view of illness which prevents us from becoming morbid, and to find in our work mental stimulus and satisfaction. But nursing, in spite of all it owes to its more learned, more powerful partner, still holds an undeniable position of its own, a position it owes to something inborn, inherited, that lies deeper than learning.

I had occasion to write a short time ago that no good nurse would ever desire to be an inferior medical practitioner, and I repeat that statement, because I now come to the point where the medical and nursing professions do not differ—that they never can, never should— but where the nursing profession asserts its right to a separate existence.

Scientific nursing is impossible without

medicine and surgery; it is their handmaiden, their pupil; but the nurse must never lose sight of the fact no good doctor would wish her to forget—that she is not only the surgeon's or physician's assistant, but, first and foremost, the patient's nurse.

Where the training of the nurse is so organised that she comes to regard the doctor as of more importance than the patient, the case as an adjunct to the treatment rather than as its cause, she is being educated in a mistaken moral atmosphere. Where the attention and deference paid to the medical staff is inculcated with more energy than kindness and consideration to her patients, she is learning false ethics. There will always be the danger lest the admiration with which the nurse naturally regards the cleverness, skill, dexterity, and knowledge of the medical man, and the interest she takes in the scientific side of the healing art, should lead her to look with something a little like contempt on her own humbler and simpler duties, on which so much, so very much, of the patient's comfort depends.

I am always glad that in England we use the old word, nursing, for the care of the sick; it expresses exactly my meaning to-day, for it is the same word that is used to describe a mother and her child—the mother nursing her infant. It is the idea of the woman nursing the child of larger growth—the man or woman helpless from sickness; the primeval idea; we reach back to our ancestress of the Stone Age, we are filled with the simple desire to "make him comfortable."

When that feeling is lost, much of the charm of nursing is lost, too, for it makes for something that people desire in sickness. For then it is not the interesting case, the scientific points, even the new methods of treatment, that hold us, but the patient, the battered or diseased scrap of humanity before us, and it is just because in nursing we may not lose or drop the old primeval instinct, that we must retain our own individuality in face of the great profession to which we are so closely allied.

Just that and nothing more. Nursing is subordinate to medicine in so far as it loyally carries out the treatment prescribed, but it is a voluntary subordination for the good of the patient.

And we subordinate ourselves gladly, for, with the doctors, we feel the truth of those lines:—

Vor den Wissenden sich stellen  
Sicher ist in allen Fällen  
Denn die wissen wo's Dir fehlt.

They criticise us with knowledge because

they know; their blame is the blame of experts; their praise is worth having, because they can appreciate our difficulties.

We are keen for the same things, we are fighting side by side for the same object. They teach us and inspire us, not only by their surgical skill and by their scientific knowledge, but by their patience, their devotion to their duty, and their professional courtesy. It would be a sad and sorry day for the sick should the nurse and doctor cease to work together in that camaraderie, that mutual understanding, which is the best of all guarantees for the welfare of the patient.

And working loyally for the dual duty that yet is one, the nurse may well remember the old saying, apt and true, as old sayings have a trick of being:—"Render unto Caesar the things that are Caesar's, and unto God the things that are God's."

And for the nurse the doctor is Caesar, but the patient is God.

### Pioneer Nursing in Italy.

To read the experiences of Miss Grace Baxter, R.N., Superintendent of the Gesù e Maria Hospital, Naples, related by her in the *Johns Hopkins Nurses' Alumnae Magazine*, is to realise the difficulties encountered by pioneer workers in nursing reform in Italy.

There had been an empty ward in the hospital for some time. "Finally," writes Miss Baxter, "the Director-General came to me one day and said in his short incisive way: Are you prepared to take over a children's surgical ward and nurse it without any extraneous assistance (meaning the Sarah Gamps, who have hitherto been the necessary appendages of even those wards where we have had most responsibility)? I thought over my affairs, and was startled, but remembering the slowness of Italian methods, and the fact that the said ward was innocent of furniture, bedding, stoves, dishes, surgical appurtenances, lighting apparatus, gas, hoppers, and water taps, etc., I said 'Yes,' intending to prepare in the morning for increasing my staff, which was entirely insufficient, while the hospital got its ward ready.

"Next day was ineventful, and at five o'clock, just when I was thinking of going off duty, I passed the Secretary in the hall. She said casually, 'Those 20 children are coming in about half-an-hour. They have just tele-

phoned that the first batch has started from the Incurable Hospital.'

"'Misericoncordia! I don't! Why, the room is as bare as a lard.'

Then ensued a time of wrestling with difficulties at first sight unmountable. The night nurse seemed most unattainable, for under the old system the nurses did not stay on at night. It was supposed to be compromising for a respectable Neapolitan to stay in a hospital at night, and there was no money to pay a head night nurse. Happily one of her pupils came to Miss Baxter's assistance. 'I have no objection,' she said, 'to sitting up one night if you will allow me to go home and tell my father.'

This began pandemonium, and it was quite four weeks before the nightmare cleared up. The nurses threatened to strike, and "it was," says Miss Baxter, "a question of who would hold out longest, but by discharging one and threatening, wheedling, and arguing with the others, besides having the good luck to find more probationers at the right time, I finally won the battle after six weeks. The nurses now quietly read the daily lists, and go to their places on day or night duty without any discussion; and, in return for their docility, they get their uniform free, calculated at 20 cents a night, from the 100 dollars which Miss Dock was so kind as to procure for me.

"We have also been able to employ two respectable night chaperons, at \$4 for fifteen nights, who take turns in sitting up with the nurses, and an English trained nurse as assistant by day, a Miss Bertha Tulloch from St. George's Hospital, London. These last two luxuries have been procured for our school by our President, her Excellency the Princess of Strongoli, who, while on duty at Court, obtained a grant of 2,000 francs from the Government for the purpose. We have also got a brand new operating room with a graduate in charge, for the children's operations.

"Under these circumstances which, considering our past difficulties and troubles, constitute a real bed of roses, I take this opportunity to thank our dear Miss Dock, and all those who have laid a part in the donation which came to us through her, for the real assistance they have given us. The uniform which my dreadfully penniless nurses now earn by their night duty, is, I am convinced, largely responsible for their present docility."



## League News.

Miss Charlotte Bottomley Leigh, whose portrait we have pleasure in publishing on this page, is a member of the Matrons' Council, and the first President of the newly-formed Central London Sick Asylum Nurses' League, Cleveland Street Branch. Miss Leigh was trained at the Hospital for Consumption, Brompton; the West London Hospital; and the Hospital for Sick Children, Great Ormond Street, W.C. She was then appointed Home Sister at the Nurses' Co-operation, 8, New Cavendish Street, on its foundation, a position which she held for two years. She afterwards went abroad for the winter months, nursing at Mena House, the Pyramids, Cairo, in the winter, and doing holiday duties and private nursing at home in the summer months.

### GENERAL HOSPITAL, BIRMINGHAM, NURSES' LEAGUE.

The annual meeting, fixed for May 7th, was overshadowed by the tragic news of the morning. Before the business of the meeting began, the President, Miss Musson, referred to the great loss which the nation had sustained in the death of so beloved and great a King, and proposed that a resolution expressing the deep sorrow of the members should be recorded in the minutes. This was passed in silence, all the members rising together.

After the minutes of the last meeting had been read and confirmed, the President shortly addressed the members, and said that no special address or lecture had been arranged, as there was a good deal of business to transact. She pointed out the importance of learning and practising the proper methods of holding meetings. Trained nurses were frequently called upon to attend or work upon committees; much time and trouble were wasted for want of understanding the ordinary rules of procedure.

The Secretary and Treasurer (Miss McFarlane) read her reports, which were adopted, on the proposal of Mrs. Boeddicker, seconded by Miss Carless.

Miss Carless was elected a member of the

Council in place of Miss Warburton, who retires. The other members of the Council were re-elected.

The Matron was asked to undertake the editorship of the Journal, and consented on condition that someone resident in the Hospital would undertake to act as Sub-Editor. Sister Hadley agreed to assist.

Miss Hannath, in proposing that a vote of condolence and sympathy be sent to the League of St. Bartholomew's Hospital Nurses in the great loss they and the whole nursing world had sustained in the death of Miss Isla Stewart, referred to the great pleasure she had had of meeting Miss Stewart at the International Congress of Nurses last July, and re-

mind ed those present that the League owed its existence largely to Miss Stewart, she having started the first League of Hospital Nurses in this country, and assisted by her advice in the formation of the G.H.B. League. Miss Marriott seconded the resolution, which was carried unanimously. The President, as an old Bart's nurse, briefly thanked the members for their sympathy, and said that all Bart's nurses were glad to know that Miss Stewart's work for the profession was appreciated by the nurses of other schools and countries.



MISS C. B. LEIGH,  
President, Cleveland Street Branch, Central London  
Sick Asylum Nurses' League.

The President gave a short sketch of the work done during the year towards the progress of State Registration. After some discussion, small alterations were made in two of the rules, and the question of the form of the memorial to the late Miss Jones was then discussed. It was decided that a brass tablet be placed in the Chapel, the details being left to the Council to arrange.

After a vote of thanks to the Hon. Officers and Council, the meeting ended.

The news comes from China that nurses scattered over that immense country have organised a Nurses' Association, and they are to conduct a department of nursing in the *China Medical Journal*, which is published by the Medical Missionary Association of China and Korea.

## Poor Law Infirmary Matrons' Association.

The quarterly meeting of the Poor Law Infirmary Matrons' Association was held at the Whitechapel Infirmary on May 7th. Miss Mowatt was in the chair, and there was a large attendance of members.

Before commencing the ordinary business, the following resolution was unanimously passed:—

### RESOLUTION.

"That the members of the Poor Law Infirmary Matrons' Association, realising the deep interest taken in all matters relating to the interest of the nursing profession by King Edward VII. and our gracious Queen Alexandra, wish to record their deep sorrow at the national calamity caused by the death of His Majesty the King, and to convey their heart-felt condolences to Her Majesty, Queen Alexandra, and the other members of the Royal Family."

Miss Mowatt read a short and interesting paper on the subject of "The Choosing of Probationers." This suggested many points of interest for the discussion which followed, and in which all present took part.

## The Irish Nurses' Association.

The I.N.A. held the usual monthly meeting on May 7th, at which there was a large attendance. The following Resolution of sympathy to her Gracious Majesty Queen Alexandra was read, all the members standing in sorrowful silence:—

### RESOLUTION.

*To Her Majesty Queen Alexandra.*

"The members of the Irish Nurses' Association beg to offer Her Majesty, Queen Alexandra, the expression of their profound sympathy in this, her hour of tribulation. They can never forget His Majesty's keen and fatherly interest in everything concerning the welfare of nurses. They humbly pray that God may comfort Her Majesty."

The meeting was then adjourned, the members feeling that it was impossible to transact any business.

## National Associations of Nurses. U.S.A.

The annual meetings of the American Society of Superintendents of Training Schools for Nurses, and of the Nurses' Associated Alumnae, will be held in New York next week, that of the Superintendents' Society beginning on Monday, May 16th, and of the Associated Alumnae on Wednesday, May 18th. Our sympathy is with our American colleagues, who will meet under the heavy shadow of the loss of their beloved leader, Mrs. Hampton Robb.

## Society for State Registration.

A meeting of the Executive Committee of the Society for the State Registration of Trained Nurses, was held at 431, Oxford Street, W., on Friday, 22nd ult., Miss H. L. Pearse in the chair.

### THE DEATH OF THE PRESIDENT.

The following resolution was proposed from the chair and passed in silence by the members standing:—

### RESOLUTION.

"That this meeting of the Executive Committee of the Society for the State Registration of Trained Nurses desires to place on record its sense of the irreparable loss sustained by the death of its President, Miss Isla Stewart, the value of whose most faithful and courageous services to the profession of nursing can only be fully estimated by future generations of nurses, who will reap the result of her unselfish and devoted labours on their behalf."

### AN INTERNATIONAL LOSS.

The Hon. Secretary then reported a cablegram from Miss M. A. Nutting, of New York, conveying the grievous news of the death from accident of Mrs. Hampton Robb. She was directed to convey to the National Associations of American Superintendents and Nurses the deep sorrow and sympathy of those present for the irreparable loss sustained by the nursing world at large.

### THE REPORT OF THE HON. SECRETARY.

The Hon. Secretary presented a report in which she referred to the action in the House of Commons of those supporting the Registration Bill, and those opposing it, and showed that great energy was employed by those who had vested interests in the work of trained nurses, and opposed just legislation. She alluded to the "freezing out" of the nurses' point of view by a number of London newspapers, just in the same way as all allusion to Women's Suffrage was suppressed so long as women conducted their campaign in a constitutional manner, as trained nurses had done for twenty years. Misrepresentation and intimidation were weapons invariably used in every reform movement which touched vested interests in human labour, and nurses were no exception to this economic law. Nurses were pressing for better education facilities, and organisation, all over the world, and were making immense progress in accomplishing their purpose of fitting themselves for their responsible duties. All that was necessary was to go steadily on—and continue their policy in the future as in the past.

### THE £100 FUND.

The Hon. Secretary reported that she had received £44 3s. 8d. for the £100 Fund since the last meeting.

### THE ANNUAL MEETING.

It was decided to hold the annual meeting in London about the last week in May, and to invite the participation of earnest and eloquent registrationists.

## THE OFFICE OF PRESIDENT.

Mrs. Bedford Fenwick, the Hon. Secretary, was invited to accept nomination as President; as it was of the utmost importance that the position should be filled by a tried and loyal friend, who was well acquainted with the history of the movement. Mrs. Fenwick accepted the honour, hoping that the work of the Society in the Registration cause would before long be accomplished by the passing of the Nurses' Registration Bill. She promised to continue to work without ceasing for justice for trained nurses whatever her official position in the Society might be.

## THE OFFICE OF HON. SECRETARY.

Miss M. Brey, another tried friend, was then nominated for the post of Hon. Secretary. Miss Brey accepted nomination, as she considered it of the utmost importance that whatever work had been done in the past should be now carried on with redoubled energy in the future.

## NEW MEMBERS.

The following new members were then elected:—

No.	Name.	Certificate.
2814	E. C. Marston, cert.,	Great Northern Cent. Hosp.
2815	R. White, cert.,	St. Pancras Inf., Highgate.
2816	E. Gisby, cert.,	Grimsbly and District Hosp.
2817	M. McIntosh, cert.,	Barnhill Hosp., Glasgow.
2818	A. B. Hendley, cert.,	St. Bartholomew's Hosp.; Matron, Children's Hosp., Scio House, Shanklin.
2819	L. M. Stower, cert.,	St. Bartholomew's Hosp.
2820	G. A. Wharton, cert.,	Bradford Union Hosp.
2821	W. E. Farley, cert.,	North West London Hosp.
2822	A. S. Wood, cert.,	Gravesend Hosp.
2823	M. B. Bathgate, cert.,	Kingston Inf.
2824	J. B. M. Deacon, cert.,	Kingston Inf.
2825	M. Jarvis, cert.,	St. Thomas' Hosp.
2826	M. A. Norrish, cert.,	Royal Inf., Bristol.
2827	A. F. Youngjohns, cert.,	General Hosp., Birmingham.
2828	A. King, cert.,	King's College Hosp.
2829	M. E. Bonshor, cert.,	Royal South Hants Hosp.
2830	M. M. Donovan, cert.,	Royal South Hants Hosp.
2831	E. R. Tanner, cert.,	Mile End Inf.
2832	E. B. Davys, cert.,	St. Bartholomew's Hosp.
2833	J. M. G. Davy, cert.,	St. Bartholomew's Hosp.
2834	E. G. Clowes, cert.,	St. Bartholomew's Hosp.
2835	V. Hubbard, cert.,	St. Bartholomew's Hosp.
2836	M. Devereux, cert.,	St. Bartholomew's Hosp.
2837	C. Maney, cert.,	General Inf., Leeds.

The meeting then terminated.

ETHEL G. FENWICK, Hon. Sec.

Amongst the suggestions for Poor Law Reform adopted by the Council of the Central and Associated Chambers of Agriculture last week was one that the title "guardians" should be continued, but "district home" should be substituted for "workhouse." A commendable change.

## The £100 Registration Fund.

The Hon. Secretary of the Society for the State Registration of Trained Nurses begs to thank all those earnest friends of the cause for their help, and to announce that as the £100 required for furthering the passage of the Nurses' Registration Bill through the House of Commons has by their generosity been received, the Special Registration Fund is now closed. The Hon. Secretary would not, however, discourage registrationists from subscribing towards the general purposes of the Society. Nothing can be done without money, and a fight against vested interests for any class of women workers is specially costly, especially when their opponents are permitted to tap charitable funds, of which they are the trustees, in their campaign of obstruction.

	£	s.	d.
Brought forward ... ..	98	6	8
'L. B.' ... ..	2	2	0
Mrs. Andrews (to complete £100)...	1	13	4
Miss A. Warren, R.N.S. ... ..	5	0	0
Per Miss E. M. Sixsmith (Dublin)			
Dr. Lawler ... ..	1	0	0
Dr. King ... ..	5	0	
Robert Taylor, Esq. ... ..	5	0	
T. W. Sixsmith, Esq. ... ..	5	0	
J. S. Darlington, Esq. ... ..	5	0	
	2	0	0
Total ... ..	£104	7	0

## Practical Points.

**The Electric Stethoscope.** Mr. S. G. Brown explained last week, in a lecture at the Royal Society of Arts, before the Institution of Electrical

Engineers, the working of an electric stethoscope, which raises the intensity of the sounds within the human body twenty times and more. When the instrument had been applied to the heart in a number of cases, the lecturer said, the sound of the beats given out in the telephone was so loud as to be heard by the patient and all those who stood round, and the passage of air through the lungs was heard like the roar of the wind through a forest; it is believed that sounds in the body hitherto only suspected will now be readily heard, such as the passage of blood over a surface roughened by disease.

**The Cheap Steriliser.** The Nurses' Social Union recently demonstrated at Caxton Hall that an ordinary beer can (which can be bought at any public-house for twopence) makes an excellent steriliser for instruments, or for boiling water for a douche and other purposes.

## Appointments.

### ASSISTANT MATRONS.

**Royal Infirmary, Preston.** Miss M. A. Marks has been appointed Assistant Matron at the Preston and County of Lancaster Queen Victoria Royal Infirmary. She was trained at the Clayton Hospital, Wakefield, and has held the position of Sister of the Children's ward and the Out-patient Department at the Stockton and Thornaby Hospital, Stockton-on-Tees; Sister of a Women's Surgical and Gynecological Ward at St. Bartholomew's Hospital, Rochester; and Sister of Men's Wards and of the Operating Theatre at the Hospital, Rotherham.

**Royal Eye Infirmary, Manchester.** Miss Ada Lee Thompson has been appointed Assistant Matron. She was trained at the Infirmary, Burton-on-Trent, and has held the positions of Staff Nurse at the Ceventry and Warwickshire Hospital; Sister at the Royal Infirmary, Halifax. District Nurse at Ambleside; Night Sister at the Infirmary, Rochdale; Sister at the Eye Hospital, Birmingham; and Assistant Matron at the Belvidere Hospital, Glasgow.

### HOME SISTER.

**The Children's Infirmary, Carshalton.** Miss Florence Waller has been appointed Home Sister to fill the vacancy caused by the appointment of Sister M. H. Stewart as Matron to the Combination Hospital, Annan. Miss Waller was trained for three years at the East London Hospital for Children, Shadwell, and subsequently for the same period at King's College Hospital. After some experience of private nursing she was appointed Ward Sister at the Children's Infirmary, Carshalton, in 1899, which position she has held till the present time.

### SISTERS.

**Union Hospital, Bradford.** Miss Ethel Livermore has been appointed Sister. She was trained at St. George's Infirmary, S.W., and has held the position of Sister at the Dudley Infirmary.

**Royal United Hospital, Bath.** Miss S. A. Ballard has been appointed Sister of the Children's Ward. She was trained at the Royal United Hospital, and has been Sister at the Hertford British Hospital, Paris.

### SUPERINTENDENT NURSE.

**Montagu Hospital, Mexborough.** Miss E. Pearson has been appointed Superintendent Nurse. She was trained at the Union Infirmary, Keighley, and has had experience of private nursing in Windermer.

**The Workhouse Infirmary, Minter, near Ramsgate.** Miss Catherine Emma Haynes has been appointed Superintendent Nurse. She was trained at the Bagthorpe Infirmary, Nottingham, and has held the position of Sister at Toxteth Park Infirmary, and of Superintendent Nurse at Cuckfield Union Infirmary.

### NIGHT SISTER.

**Royal United Hospital, Bath.** Miss B. Denham has been appointed Night Sister. She was trained at the Stanley Hospital, and the Hospital for Women, Liverpool.

### STAFF NURSES.

**The Children's Infirmary, Carshalton.**—The following Staff Nurses have recently been appointed:—

Miss Eva Lilian Foote, trained for three years at the Southwark Infirmary.

Miss Lily Roberts, trained for three years at the Whitechapel Infirmary.

Miss Minnie Frances Wilson, trained for three years at the Southwark Infirmary.

### QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

**Transfers and Appointments.**—Miss Lucy Glass is appointed Assistant Superintendent at Leicester. Miss Annie Moffat is appointed Senior Nurse at Ardwick House, Manchester. Miss Elizabeth Pepper, to Kettering, as Senior Nurse. Miss Nona Smyth Mountford, to Pateley Bridge. Miss Ethel Coates, to Tunbridge Wells. Miss Rose Elwin, to Cheltenham, as Assistant Superintendent. Miss Janet Arnott, to Carlisle, as Senior Nurse. Miss Sarah E. Street-Smith, to Aekworth. Miss Edith Hall and Miss Annie Duncan, to Gillingham.

### WEDDING BELLS.

Members of the Registered Nurses' Society, 431, Oxford Street, W., will wish to convey, through the medium of this journal, their hearty good wishes on her marriage to Mrs. Archer Corbet (née Buxton), until recently on its Supplementary Staff. Miss Buxton's marriage to Mr. Archer Corbet took place in Mexico City, D.F., a short time ago.

## In Memoriam.

The *Bulletin Professionnel des Infirmières et Gardes-Malades* from Paris offers its condolences on the death of Miss Isla Stewart "nous l'avions vue en France à la Conférence de 1907, et son souvenir était resté parmi nous comme celui d'une personnalité remarquable autant que sympathique. A sa famille, à ses amis, à la grande famille des infirmières d'Angleterre, nous adressons nos condoléances les plus sincères pour une perte si vivement ressentie."

A touching memorial notice appears in *Swedish Sjukskötersketidning*, the Swedish Nurses' Journal, by the editor, Miss Estrid Rodhe, who met Miss Stewart during the week of the International Congress of Nurses last year, and had the opportunity of knowing her personally during that happy time.

Miss M. Eugénie Hibbard, who, also with the two delegates of the Cuban Government, Miss Margarita Nuñez and Miss Mercedes Monteagudo, attended the International Congress of Nurses last year, writes: "It is difficult to realise that one who so recently took an active part in the International Congress of Nurses has passed from our midst. I always associated great strength of character with her, and the line from George Eliot's 'Choir Invisible' has come into my mind:—

"The cup of strength to some in their great agony."



## Nursing Echoes.



At a recent meeting of the council of Queen Victoria's Jubilee Institute for Nurses, held at the offices in Victoria Street, Lord Goschen presiding, affiliation was granted to the following nursing associations: Buckinghamshire County, Chesterton (Cambridge), St. Helier (Jersey), Chepstow (Mon.), Wakefield (Yorks), Llangadock (Cardiganshire), Tondy (Glamorganshire), Celbridge and Straffan (county Kildare), Beckington (Somerset), Malvern Link (Worcestershire), and Newbury (Berks). The names of 80 nurses approved by her Majesty were added to the Queen's Roll. It was reported that a conference of representatives of the affiliated associations would take place at Claxton Hall, Westminster, on May 27th, and it was announced that Amy Lady Tate, a member of the council, has presented the house occupied by the nurses employed by the Brixton Association, together with an endowment, to be held in trust by the institute for the Brixton Association so long as it remains in affiliation with the institute.

The Hospitals Committee of the Metropolitan Asylums Board has now under consideration a letter from Matrons of its infectious hospitals, forwarding certain criticisms of the Managers' decision with regard to the abolition of the office of Night Superintendent of Nurses. The letter is as follows:

"We, the under-signed Matrons working in your several institutions, have had our attention called to a statement in the public press concerning some proposed alteration in the terms of appointment for the Night Superintendents of the Fever Hospitals. Recognising as we do the very serious responsibility attaching to the office of Night Superintendent, who has practically the whole institution under her control at night, she being the one who must act in such emergencies as may arise in connection with cases of tracheotomy, intubation, etc., where the lives of the patients are sometimes in danger, until the doctor can be summoned, and that the Night Superintendent is also required to exercise discipline and control over the whole of the night staff, we consider that she should be a person possessing qualities over and above those of an ordinary Ward Sister, and that frequent changes in this office would not be conducive either to the safety of the patients or the general administration of the hospital. If it is desired to put some limit to the period spent on night duty, we venture to suggest that if a suitable person is Night Superin-

tendent she should be eligible for reappointment every year as long as she is found satisfactory. Trusting you will give this your earnest consideration, we are," etc.

The Hospitals Committee will report to the Board when they have considered this letter.

At the Annual Meetings of the Women's Total Abstinence Union in London, the Nurses' Total Abstinence League and the Certified Midwives' Total Abstinence League gave interesting reports of work.

The Nurses' League reports a membership of 443. It is encouraging to note that the attitude of the nursing profession towards the question of total abstinence becomes increasingly sympathetic, and this is, without doubt, due, in part, to the fact that scientific and medical evidence speaks so clearly in its favour. The League has held several meetings in Hospitals, and Drawing-room Meetings have been given by the Dowager Lady de Rothschild, Mrs. Pearce Gould, and others. A Branch of the League exists in Birmingham with 78 members.

The Certified Midwives' League was founded by Dr. Mary Roake in 1905, and affiliated to the Women's Total Abstinence Union in 1909. It has a membership of 460. Meetings have been held in drawing-rooms and at the Chapter House, St. Paul's Churchyard. Branches have been formed at Nottingham and Oxford.

Particulars of both these Leagues can be obtained from the Secretary, 4, Ludgate Hill, London, E.C.

The Annual Meeting of the St. Pancras School for Mothers was held at the St. Pancras Town Hall on Monday last, when Mrs. Carl Meyer presided. The annual report was presented by Dr. Sykes, Medical Officer of Health for the Borough, who said that the work of the school fell under three principal headings—educational, prudential, and medical. The medical element was, and should be, a strong one, and no treatment of mothers, no administration of artificial food to infants, and no day nursing should be carried on without medical advice.

The next speaker was Dr. Saleeby, who remarked that babies and their welfare might be thought to be a women's question, but it touched men vitally also, and was a national one, in which were involved the consideration of race degeneration, its causes, and prevention. In time to come it would be recognised that the movement against infantile mortality was one which began in the Edwardian era. At the close of Queen Victoria's reign the medical

officers of health were the only people who gave much consideration to the question. In 1901 the infantile mortality rate was 154 per thousand, in 1909 it was 109 per thousand. It must not be supposed that this represented a striving against natural facts, or the keeping alive of babies who would otherwise die, the progress made in combatting infantile mortality coincided with our understanding of the right methods to pursue. The movement began in France under Professor Budin. Any method which ignored the fact that nature provided mothers for the making and preserving of babies was inadequate. To be effective in regard to the infants work must include the preceding generation. This was what the School for Mothers was doing. Another important point was to get the babies born of the right fathers and mothers, and he was with the School entirely in its policy of giving instruction in the choice of wives and husbands; infantile mortality would never be prevented until the marriage of unfit was prevented. We were confronted with a falling birth-rate, and it was certain that this would continue. The obvious counteracting influence was to let the right babies be born, and to take care of them when born. If a larger proportion of babies survived this would obviously be equal to a higher birth-rate. It was a matter of Imperial importance. The decay of Rome and Babylon followed the decline of the birth-rate. We heard much of conscription in these days, but, if conscription were enforced, vast numbers would be rejected because they were not fit to serve. Real politics were the domestic ones, for life begins at home.

Miss Susan Lawrence, L.C.C., said that when children came under medical inspection at school age, it was often too late to remedy preventable evils. The London County Council had, for instance, several schools for the blind which were costly, and from which the children could not be turned out capable of self-support. An inquiry into the cause showed that many were blind as a result of infantile ophthalmia, a "disease which depends on nursing."

We conclude Miss Lawrence intended to convey that good nursing can do much to minimise the disease when present, but for the causes she must go further back, and in Dr. Saleeby's words "get the children born of the right fathers and mothers." Only so will the disease be eradicated. The theory of the survival of the fittest, of which we often heard, was, she said, crude and untenable. Further adverse conditions in the first year of existence affected children in after life.

The opening of the New Home for nurses engaged by the Queen Victoria Nursing Association, at the junction of Glossop Road and Houndfield Road, Sheffield, was preceded by an At Home in the Town Hall, at which little Lady Elfrida Fitzwilliam officiated instead of her mother, Countess Fitzwilliam, the Lady Mayoress.

Alderman Franklin, the hon. treasurer, mentioned that the Association was established in 1903 with the object of providing throughout the city duly qualified nurses to attend upon the poor in their own homes. It began with four nurses and a Superintendent, and its growth was indicated by the fact that it now employed 19 nurses and a Superintendent.

There was very little in the way of ceremony at the formal opening of the new premises which followed the meeting. When the little lady from Wentworth had carried out her simple duty she was presented by the senior nurse (Miss Woods) with a beautiful bouquet of pink carnations. A bouquet of roses was presented by the Matron (Miss Hancox) to Mrs. Franklin, who has done a good deal of work for the Association in conjunction with the other joint hon. secretary, the Rev. T. T. Broad.

We wonder the Irish poor who are compelled to send their sick children to local workhouses do not rise in their wrath and insist upon the Local Government Board providing a more efficient system of nursing infectious cases. At a recent inquiry relative to the deaths of two children at the Lisburn Workhouse, it was elicited in evidence that the Head Nurse in charge of such serious cases as scarlatina and diphtheria was untrained and uncertificated. It would appear that this nurse made no use of the clinical thermometer or pulse to ascertain the physical condition of one child—and seems to have had the support of the doctor, who remarked:

"You used your common sense and experience, and came to the conclusion that the attack would be a short one?"

"Yes," replied the nurse, "it was short and soon passed away."

So did the unfortunate child, who died next day!

Common sense and experience are both invaluable, but where life and death are concerned, cannot be accepted in place of technical training. State registration alone can regulate the present irresponsible condition of affairs in the sick wards of country workhouses. We are moved to speak out owing to quite a pile of newspaper cuttings on the editorial table disclosing the same neglect of poor people who are compelled through lack of means to submit to such treatment.

## The Hospital World.

The annual meeting of the West London Hospital Ladies' Association—a society which is doing most excellent work for the patients in that hospital—was held on Friday, May 6th, in the Post-Graduate College. The Countess of Dartrey was in the chair, and the report made clear what a great amount of good work has been accomplished by the Association.

Through the Samaritan Fund 133 patients were during the year sent to convalescent homes, 20 received surgical appliances, and 29 urgent cases received food and clothes. No less than 6,000 cups of tea were consumed by patients in the out-patients' department, and the considerable sum of £240 was given by these patients in the short space of eleven months. Two thousand and sixty-three picture postcards of the hospital had been sold through the Matron, Miss Nevile. Amongst the sums received were a legacy of £200 free of legacy duty, and £240 19s. collected by Mary Countess of Chester towards the proposed Nurses' Home.

Dr. Drewitt referred to the success of the tea stall inaugurated by Mrs. Stephen Paget. Although the tea stand was only a small bedroom washstand 18 inches square, the out-patient department was so crammed with patients that until the rush began to lessen it was impossible to make room for it in the waiting room.

Like most societies managed by women, the association is financially flourishing, and closes the year with a balance to its credit at the bank of £550. Lady Phillimore, Mayoress of Kensington, and Lady Joicey, were added to the list of Vice-Presidents.

The Bishop of Kensington pleaded eloquently for increased support for the hospital, and especially commended the personal interest taken by the Ladies' Association in the hospital. The London public as a rule, he said, were prone to delegate their responsibility to other people. Further, the Association was helping to lift the reproach from the West of London in regard to the hospital, although it threw into extraordinary relief the prevailing apathy. It was, said his Lordship, disgraceful that the nurses of the hospital should be in the position they were in regard to accommodation. There were in his diocese a dozen of the largest hospitals, and some twenty-five hospitals and infirmaries in all. He knew them from the kitchen to the attics, and it was a rare thing not to find comfortable accommodation for the nursing staff. It did not reflect credit on the wealthy borough of Kensington that the nurses

of the West London Hospital should be housed as they were. Last year £500 was collected for the hospital, chiefly in pennies. This was a fact to flourish in the face of the prosperous people of Kensington as a rebuke to their apathy and indifference. In his diocese he had some of the wealthiest districts of the Metropolis, and the worst slums, but if he wanted money for any purpose it would be given, he knew, more readily and liberally by the people in the little red brick houses than by those in the mansions of the West End.

After the meeting tea was served in the Board Room, and then many visitors availed themselves of the opportunity to see the wards which look very bright, and spotlessly clean and comfortable, and also the show of warm garments made or supplied by members of the Ladies' Association. Warm dressing gowns and nightgowns, flannel shirts, and petticoats, woolies for the babies, and many other useful things were there in abundance.

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## Reflections.

### FROM A BOARD ROOM MIRROR.

A remarkable judgment was delivered in the House of Lords on April 15th, to the effect that any person may lawfully practise any part of surgery, medicine, or dentistry, and that the law does not prohibit the use of self-laudatory language provided that the language used does not imply the possession of the qualifications which would entitle the holder to registration. The medical and dental professions consider such a pronouncement terribly dangerous for the public, and when Parliament reassembles it is probable a two-clause Bill will be introduced providing that no unregistered person shall habitually, or for gain, practise medicine, surgery, or dentistry, and making it illegal for any unregistered practitioner to fill up a medical certificate or any document purporting to be such. This would put the practice of medicine and dentistry on the same footing as midwifery. A woman who is not qualified or registered may, on emergency, help in a case, but she must not do it "habitually or for gain." Midwifery is thus protected from the quack. Why not medicine and surgery?

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The Royal Ear Hospital in Dean Street, Soho, the oldest special hospital for the treatment of ear diseases in Europe, is under the bondage of a heavy mortgage debt, incurred six years ago in rebuilding to meet modern requirements. It is hoped that assistance will soon be forthcoming in the heavy task of raising £5,000 to enable this old foundation to remain in the future, as it has been in the past, one of the great centres of the realm for the relief of pain and suffering.

## National Association for Providing Rational Curative Treatment for Alcoholism and the Drug Habit.

A big title, and for that reason a symbol of the greatness of its aims and the sound scientific basis upon which it rests.

For the purpose of making known the existence of the Association to those who are unacquainted with it, and consequently to enlist their sympathies and co-operative help, an "At Home" was recently given at the Women's Institute, in Victoria Street, by Mrs. Clarke, Mrs. Barnes, and Miss Beatrice Kent.

An enjoyable programme of music was provided, and in the interval of the parts a paper was read by Miss Horne dealing with the subject matter. To all those nurses and others who were not able to be present, and who are interested in the great problem of inebriety and the greater cause of preventive and curative treatment (and who is not?) a brief recapitulation of the history, aims, objects, and methods of the Association will doubtless be a welcome enlightenment.

Nine years ago a lady became possessed of a doctor's prescription, which had been carefully prepared after many experiments, for the purpose of creating alcoholic aversion in inebriates. The lady, herself a trained nurse, knew the value of it, and, anxious to make the best possible use of it, took council with a few friends, with the result that they formed themselves into an Association; but just when they were about to invite the co-operation of the medical profession, this little philanthropic band—for various family and domestic reasons—became disbanded, and so the good work ceased at its inception. Only for a time, however; after a short period of quiescence, the Association was re-formed and active work began.

The basis of operation is this:—To co-operate with the medical profession, to show any medical man the prescriptions who is willing to try the experiment, which many have done, and have expressed their sympathy with the treatment and their entire satisfaction with the results.

The prescriptions are not given broadcast to the medical profession at present, for this reason only: because it is felt that if this were done, there would be no guarantee whatever that every doctor would use them without alteration. The success of the treatment depends, not on any special drug, but in the combination of drugs and the method of administration. The Association has been recommended by a doctor to adhere to its principle of making the prescriptions public to the medical profession to the extent it does only. It will readily be seen that if the prescriptions were in any way modified, and unsatisfactory results followed, the treatment would at once be discredited.

Other objects of the Association are:—

"To endeavour to educate the public to realise that alcoholism and the drug habit are definite

maladies requiring therapeutic, sympathetic, and individual treatment for as long as each case may require, just as in other illnesses.

"To treat the poor gratuitously as long as public support is forthcoming.

"To treat persons of limited means at a cost which covers medicinal and office expenses only.

"To keep in touch as far as possible with patients when convalescent, and to endeavour to obtain employment for them if needed."

Thus, it will be seen that the treatment is perfectly orthodox, as there is an absence of secrecy, and no case is treated without medical supervision. The Association has no financial interest whatever in the concern—merely philanthropic. The co-operation of all is earnestly invited by various methods:—

1. By annual subscriptions to:—General Fund for organisation work; free treatment fund; philanthropic home fund.

2. By becoming members (fee, from 1s. per annum), which constitutes helping in the following ways:—

(a) By making the aims and objects of the Association known.

(b) By helping to collect for the proposed philanthropic home and free case fund.

(c) By procuring new members.

(d) By visiting patients when required.

(e) By helping to find work for patients when convalescents.

(f) By helping to collect clothes for patients requiring a fresh start in life.

Further particulars may be obtained from the Secretary at the office, 65, Upper Gloucester Place, N.W.

The success of the treatment has so far been so great as to justify its claim to being both rational and curative. It has also been tried in Dublin, and all medical men report favourably on it. It is to be earnestly hoped that the readers of THE BRITISH JOURNAL OF NURSING, an organ which stands for progress and reform, will not treat this merely as an item of professional news, but will do all in their power to help forward this great cause. The Association keeps in touch with the patients, and proofs can be obtained of cases where there has been no return of alcoholism six and eight years after treatment. This is surely encouraging.

B. K.

### COMING EVENTS.

May 17th.—The Infants' Hospital, S.W. A Course of Lectures on Babies. III.—Zymotic Enteritis. The Signs and Symptoms. Prevention and Treatment. By Dr. Ralph Vincent. Lecture Theatre, 5 p.m.

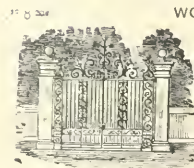
May 21st.—Queen Victoria's Jubilee Institute. Conference of representatives of affiliated Associations. Caxton Hall, Westminster.

May 28th.—Procession of Women Suffragists from the Embankment to Albert Hall, organised by the Women's National Social and Political Union.



## Outside the Gates.

## Book of the Week.



## WOMEN.

The Royal College of Physicians have added the Bedford College for Women, London, to the list of institutions recognised by the Con-joint Examining Board for instruction in Chemistry, Physics, and

Biology.

At the annual meeting of the Women's Total Abstinence Union, held at Denison House, Vauxhall Bridge Road, Mr. F. G. Mackereth gave detailed results of investigations which he had made on the subject of alcohol drinking by school children. In one school alone, he said, it was found that 40 per cent. of the children drank alcohol regularly. If the same proportion obtained all round there must be some 200,000 child drinkers in London, and probably in all the large towns and districts there must be some 2,000,000 who drank alcohol. This was an enormous danger to the national life. Of all the countries in Europe only Norway and Sweden seemed to be free from the practice. The proportion in New York was stated to be 58 per cent.

Miss Fanny Brough opened the Women's Press, a shop and publication department for the Women's Social and Political Union, in the Charing Cross Road, on Thursday in last week. Miss Evelyn Sharp said the shop evidenced the great progress the Women's Press had made. In 1906 they sold £60 worth of literature at Clement's Inn. The sales leapt to £2,000 in 1908, and last year rose to £7,000. They were now selling at the rate of £1,000 worth a month.

The Women's Local Government Society has been invited to occupy the first two days of the Women's Congress at the Japan-British Exhibition, on June 6th and 7th. Lady Strachey, President, will take the chair on the opening day, and her address will be followed by short speeches by women administrators on County, Borough, Parish, and Town Councils. The services required from a Poor-Law Guardian will be set forth.

On June 7th, under the presidency of Lady O'Hagan, information will be given as to the work of women officials in special branches of local government, and the following subjects will be discussed:—

"Sanitary Inspection," by Mrs. Greenwood.  
 "Inspection of Midwives," by Miss Burnside.  
 "Infants' Life Protection," by Miss Zannetti.  
 "Women Inspectors in Workhouses," by Mrs. Shaw.  
 "Women as Relieving Officers," by Miss Baker.  
 "Women as Factory Inspectors," by Mrs. H. J. Tennant.

There will be no charge, after admission to the Exhibition, for attending these most interesting conferences.

## A WINNOWING.\*

Jack Weston, according to his own testimony, died and came back to life again. According to medical expert opinion it was a case of suspended animation. But whichever solution may be the right one, it is about the effect that this experience had on him, that the whole story is concerned. Jack is of a type that is familiar to us in Mr. Benson's works. A University man, young, easy-mannered, good looking, a sportsman, and amply supplied with all those things that are desirable from a worldly point of view. "The most remarkable thing he had accomplished in his twenty-five years of life was his recovery from an attack of syncope, which Sir James Martin had actually mistaken for death."

The opening chapter describes his disembodied state, in which he is able to view calmly and detachedly the circumstances connected with his death, and to see rehearsed various stages of his past life.

"For example, it seemed he was a boy again—how old he did not consider. There was a sense of ecstatic well being within him, of tremendous and vital youth. From within the house a piano . . . poured forth a torrent of melody, and he knew that his mother, dead years ago, was playing. His father came out and stood beside him, silent and smiling, but his face was altered, and it was plain he was a *revenant*, yet not terrible, only a little strange and mysterious. . . . It seemed as though he had returned from a long journey and all was well again."

Jack Weston comes back to life with an overwhelming sense of awe, and of his unfitness to die. He determines to alter his old careless ways, and to use life for its highest purpose.

"Of course you see all the difference this makes," he said quietly to his wife.

"Difference—why?" asked Mary.

"Why, yes, the whole difference. You must see that I can't possibly go on with this—this footling sort of life. I've got another chance, thank God—and, by George!—"

Naturally Mary cannot follow him all at once in his exaltation; indeed, she secretly considers that his brain is temporarily unbalanced. She asks Dr. Baising.

"Did he tell you he actually died, and saw himself in bed?"

"He said something of the sort; of course that was simply a delusion—a kind of self-suggestion. That kind of thing is quite common, comparatively speaking."

"But—but you are quite sure it was not death?"

"Quite sure, Mrs. Weston."

"Well—thanks very much," said the girl.

She confides her perplexity in Lady Sarah, a girl of her own age.

"He has discovered that the highest life in the world is to be a monk, and he wants to be one, and—"

"And what about—?"

\* By Robert Hugh Benson. (Hutchinson and Co.)

Yes, just so. Well, it appears I've got to be a nun. (No, really don't laugh.) But that's his cheerful idea. It seems he can't be one, without I'm the other. . . . And I won't, so he can't. Monk and nun indeed!"

She smiled, a little disconsolately.

Poor Mary! We feel that this is asking a little too much of her. However, he abandons this notion, but stipulates that in matters that do not actually affect her, he is to be allowed individual freedom.

He next proposes that they should live a much more simple life.

"Of course, if you are quite clear you want to go on living here I suppose we must. . . . But it seems big for two people, doesn't it? Now, I thought we might get rid of this, and move, let's say, to one of the gamekeeper's cottages. Would you mind that very much?"

"Yes, dear," she said gently, "I should mind it very much; indeed, I couldn't dream of it."

Partly won over by secret conviction, and partly her loyalty being aroused by the violent opposition of their friends and neighbours, she gradually begins to see eye to eye with him, and ends in being, eager with him to embrace the religious life. Jack, by this time, has begun to tire of his self-chosen austerities, and by degrees resumes his former mode of living.

At this time he goes to South Africa to play cricket for England, in which sport he excels, and there dies. Mary enters the Convent he built.

One cannot be sure at times when Mr. Benson wishes to be taken seriously. The book is very obviously written in the interests of the Church of Rome, but we suggest that it is here presented in a form calculated rather to repel than attract, and the sublime (perhaps intentionally) is often near to the ridiculous.

But it is all very disappointing, and we cannot help feeling regret that Jack should have missed the mark after all, and pass in the midst of his "footling" a second time into the Unknown.

H. H.

## Verse.

### THE ISLANDS OF THE BLEST

Far, far they lie: beyond yon purple mist  
That blends in soft confusion sea and sky;  
Behind yon bank of solid amethyst,  
Those changing hues of richest pageantry:  
Where sinks the sun, leaving his throne on high,  
Beneath the crimsoned waters of the West;  
Far, far in utmost bounds Hesperian lie  
Those blissful homes of never-ending rest,  
The isles, the happy isles, the islands of the blest.  
Francis Lave Latham.

### WORD FOR THE WEEK

It would be a master stroke if those Great Powers, honestly bent on peace, would form a League of Peace, not only to keep the peace among themselves, but to prevent by force if necessary its being broken by others.

Thodore Roosevelt at Christiania.

## Letters to the Editor.



Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

### NO COMPULSION.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—In reply to Miss Hulme's none too courteous letter, allow me to say that when I said that no London Hospital nurses would register I was, of course, speaking generally. Some exceptions there will always be to every custom. At any rate it was only a prophecy, and I venture to prophesy that if Registration ever comes into being there will be at first a good number of nurses all over the country who will register, but that in a very few years very few will do so.

It is our rule at the London, as at many other hospitals—St. Thomas', and, I think, Bart's,—not to take nurses who have had previous training. But here again exceptions are made, and in our staff of over 700 nurses at the London I dare say there may be 20 who have had previous training.

Yours faithfully,

SYDNEY HOLLAND.

P.S.—In reply to your Editorial note, the nurses at the London Hospital will certainly be "free agents."

21, Chesham Street, S.W.

### THE BRITISH RED CROSS SOCIETY.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—I am extremely interested in Mrs. Notterville Barron's interesting scheme for the organisation of work in connection with the British Red Cross Society. In my opinion every effort should be made to secure the services of thoroughly trained nurses for the temporary hospitals as Red Cross workers, and I believe this could easily be done. In the village in which I live there are quite a number of nurses who could be relied upon to give their services in a time of invasion, including a holder of the Royal Red Cross, one former Matron of the local hospital, a former sister in a large London Hospital, and half-a-dozen more. They may be beyond the age limit for the Territorial Force Nursing Service, but they could, and would, give expert help in the temporary hospitals.

Yours faithfully,

A PRACTICAL PERSON.

### THE TEACHING OF NURSING BY NURSES.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—I read with much interest in the Journal Nurse E. S. Sills' letter. She speaks of the general practitioners who are arranging lectures. I suppose she means in counties and towns out of London. I can only speak for

London, as my experience out of London has been very limited, but in London both at medical missions and district work I have had many years, and have always found the St. John Ambulance lectures up to date, many of the members making a bed quite equal to a nurse. As I have friends at several hospitals as nurses in London, they tell me that as soon as the Sisters are off duty they are glad to rest or take fresh air. I have a friend who is Matron of a hospital in London, but she is not able to spare any time to assist the doctor with the St. John Ambulance lectures. I think you will agree with me that in hospitals nurses have very little time to give, and I find most prefer the doctors to give the lectures. I do not think midwives or health visitors would be able to give the St. John's lectures as it's quite a different branch of teaching. Again, I have had many ambulance students say they would rather a doctor gave the lectures than a nurse, as the former is not so harsh, and has more patience, and will show us things that are plainer for us to understand. All our work is up to date, and the lecturers are from good hospitals, and teach both first aid and nursing in a perfect manner.

I am, yours truly,

ELIZABETH BRUNNING.

St. John's Road, Penge, S.E.

#### INDIAN WOMEN AND NURSING APPOINTMENTS To the Editor of the "British Journal of Nursing."

DEAR MADAM,—I notice a reference in your number of April 2nd to the question asked in Parliament by Mr. Kelly, in regard to whether positions like that of Matron and Superintendent of Nurses in the General Hospital, Madras, are open to Indian nurses. I should like to point out that so far no Indian women of sufficient education and executive ability to take such positions have become professional nurses. Nursing has yet its place to make among them. The few women who go in for a public career have become doctors and teachers, and the nurses in training in our hospitals are very largely young girls from mission orphanages or women from lower class families, and none of these are capable of working independently. Some women, like one Brahmin widow of whom I heard, take a training in order to be of service in their own families in time of need, but they would not think of taking up general practice.

A European nurse who was leaving a case in Bombay, where circumstances were not suitable for a European, advised the man, a wealthy Indian, to get a native nurse for the patient. He said he would not have an Indian nurse, as they were all fallen women. This is, of course, a slanderous exaggeration, but it gives an idea what public opinion is, and the difficult task a nurse may have to retain a good reputation. I was told of one midwife whose husband accompanied her to the house for every case she had, that it might be understood that she was not like others.

I called the attention of a prominent Brahmin gentleman in Akola to this question, and asked him if there were any Indian women who had the training for such positions, and he said, "Not one!"

Questions are sometimes asked in Parliament which seem to reflect on the impartial administration of the Indian Government, but in reality show an ignorance of the conditions which prevail out here. Mr. Kelly may be assured that those who are training Indian nurses have as the ideal towards which they are striving the developing of a nurse quite fitted for such positions, and a proper status for her. And there is no doubt that when the conditions and the women are ready the openings will be freely made for them.

Yours sincerely,

ETHA BUTCHER KLOSZ.

#### CONGRATULATIONS.

To the Editor of the "British Journal of Nursing."

Having read the article of Congratulations, Miss Patell begs to thank the Journal for wishing her a prosperous future.

[Miss Patell is the Parsee lady who has the honour of being the first woman licentiate of the Royal College of Physicians.—Ed.]

#### NOTICE.

Miss Mollett, Hon. Secretary of the Matrons' Council, Royal South Hants Hospital, Southampton, has received some leaflets from and by Dr. Helen Wilson, on the difficulties in the way of notification of syphilis, and will be glad to send copies to any member of the Council who forwards a penny stamp for postage.

Miss Breay, 431, Oxford Street, London, W., will be grateful for a copy of the Annual Report of the Matrons' Council for 1902, if any member has one which she does not require.

#### Notices.

##### CONTRIBUTIONS.

The Editor will at all times be pleased to consider articles of a suitable nature for insertion in this Journal—those on practical nursing are specially invited.

Such communications must be duly authenticated with name and address, and should be addressed to the Editor, 20, Upper Wimpole Street, London, W.

Advertisements and business communications should be addressed to the Manager, BRITISH JOURNAL OF NURSING, 11, Adam Street, Strand, W.C.

#### THE SOCIETY FOR THE STATE REGISTRATION OF TRAINED NURSES.

An application form for those who wish to become members of the Society for the State Registration of Trained Nurses will be found on page iv. of cover. It will soon be too late to help on the important work of this Society. No habitual reader of this journal can, we feel sure, be content to stand aside and let others found the future Profession of Nursing. Now is the time to help.

#### OUR PUZZLE PRIZE.

Rules for competing for the Pictorial Puzzle Prize will be found on Advertisement page xii.

# The Midwife.

## Maternity Clubs.

Miss Helen Klaassen, in her paper on Maternity Clubs, read before the recent Conference of Nurses and Midwives, drew attention to the low state of public opinion with regard to provision for the needs of a woman at the time of her confinement. She urged the necessity for the education of mothers in thrift, and for improved methods of helping women at these times.

She gave some account of the Wakefield Babies' Welcome, and of the work which has been done from St. George's and St. Thomas's Hospitals. In a more recent experiment, tried in some South London parishes, an attempt has been made to get women to join a Provident Maternity Club five, six, or seven months before the expected date of confinement. A visit is paid to the expectant mother with the object of getting her to think out for herself what her coming needs will be. The aim is not only to help the woman to estimate the cost of her needs and to arrange for the collection of regular fragments sufficient to provide for all that is wanted, but to encourage thrift and foresight in a much deeper sense. The woman's personal hygiene, the securing of reliable attendance, the engagement of her professional attendant in good time, the making of sensible baby clothes are all matters as important as the putting by of savings, and require an equal amount of forethought.

Below is a copy of a Parish Provident Maternity Club member's card:—

### PROVIDENT MATERNITY CLUB.

Members to be married women, living in the Parish of St. ———.

Members should join the Club seven months (or at least six months) before the expected date of confinement. All provision should be completed one month before that date.

The table below should be filled in, and arrangements will be made for payments to be collected each week.

	£	s.	d.
Doctor .....			
Midwife .....			
Attendant .....			
Baby clothes, etc. ....			
Extra nourishment. ....			
	£		

Weekly payments at ..... per week

The money (excepting that for baby clothes, etc.)

cannot be withdrawn until the time of the confinement, or of the member's removal from the parish.

When the money is needed, a post-card should be sent to the Secretary, who will call and arrange for the repayment. Repayment can be made in one sum, or in weekly instalments.

Hon Secretary .....

The relief of maternity cases is also dealt with by these Parish Clubs.

If the Secretary of the Club finds a woman unable to put by for all that is necessary for a satisfactory time of lying in, she reports the circumstances to the Maternity Club Committee, who may then, at their discretion, admit the woman as a member of the Club, if she agrees to put by according to the scale thought suitable by the Committee. In such a case, if the member fulfils her agreement, the Club will see that the woman has all that is necessary at the time of confinement.

If any woman who has planned for a satisfactory time of lying in and has made her payments regularly, suffers unexpected misfortune before her confinement, it is always found possible to obtain help for her through local charitable relief agencies.

In the discussion which followed the paper, much interest was shown in the chronically poor, the unthrifty and disreputable. In replying, the reader of the paper pointed out that help at the time of confinement is only one out of many needs of the chronically poor. Some people think that mothers need food when nursing, others that school-children need food, others even that unemployed men seeking work need food. It was her opinion that all people require food at all times; women certainly require food before the confinement, as well as after. Dealing with chronic poverty is a matter for the State, which we hope will reform its poor laws at an early date.

Attention was drawn to the anomaly in the action of many Guardians who provide a doctor for midwifery cases, whereas the class above that which falls upon their help, employs the less expensive midwife. The provision of a doctor only, for persons who cannot afford to pay a nurse is not, in Miss Klaassen's opinion, adequate. An ex-parish doctor (Dr. Bygott) said he was glad to hear this point raised, as he had had great difficulty in connection with maternity cases. He only got over his difficulties by taking his wife with him when he attended parish cases, so that she could act as nurse.



## Conference of Inspectors of Midwives.

### FORMATION OF AN INSPECTORS' ASSOCIATION

An informal meeting of Inspectors of Midwives was held at 12, Buckingham Street, Strand (by kind permission of the Midwives' Institute Committee) during the Midwifery and Nursing Conference week. The meeting was convened by Miss du Santoy, the Inspector for Somerset. About 40 Inspectors were present.

Among subjects discussed were quarterly and annual reports, puerperal fever cases, still-births, investigation of mode of practice, penal procedure (Section 8 of Midwives Act), method of keeping reports of midwives and inspections, payment of doctors, question of formation of Inspectors' Association. In considering "the working of the Act," a resolution was proposed, seconded, and passed unanimously, "that in the opinion of the Inspectors of midwives it is expedient that notice of any change in the rules of the Central Midwives Board should be at once sent to all Local Supervising Authorities." The Convenor was asked to send this to the Central Midwives' Board.

The question of payment of doctors sent for by a midwife was discussed, and the general opinion was that the Local Supervising Authority should undertake this. Whether they should ever try to recover the fees paid or not was not agreed upon point, but all present seemed to be thoroughly against payment by Boards of Guardians, chiefly owing to the stigma of pauperism involved.

It was agreed that an Association of inspectors should be formed, details to be left to the Convenor, and that an annual conference should be held. The meeting lasted three hours, and closed with a vote of thanks to the Midwives' Institute and to the Chairman.

All Inspectors who could do so were asked to meet on the last day of the Conference, and discuss the amended Bill, but no resolution was passed with regard to it: very few Inspectors were able to remain in London till that day.

Particulars *re* the Inspector's Association can be obtained from Miss du Santoy, 16, Elm Grove, Taunton.

## The Central Midwives' Board.

### PENAL CASES. STRUCK OFF THE ROLL.

Mary Backhouse (804), charged with not advising medical assistance for patient with rigor, nor did she take the temperature, though present at the time. Said she had seen similar cases come all right.

Sarah Beeston (11991), neglect of disinfectants and of reporting offensive lochia and rigors. Patient died.

Ann Foley (978), did not report rigor, sickness, and abdominal pain, nor inflammation of the infant's eyes; she did not wash the infant at birth, but wrapped it up and went home to prepare dinner.

Frances Rebecca Llewellyn (11893), did not advise medical assistance in a case of recurrent hæmorrhage during a period of five weeks previous to confinement. Patient died suddenly; was found to have placenta prævia.

Esther Letherin (18953), drunk on duty. Pleaded having taken whiskey for cold, and not being used to spirits. No other charge being against her, may apply for reinstatement later.

Mary Ann Neale (4807), neglected to advise medical assistance for purulent ophthalmia.

Susanna Thomas (16786), refused persistently to submit bag and appliances for inspection, defence being that, as she is Welsh, she cannot understand directions in English.

Elizabeth Williams (4001), did not advise medical assistance for inflammation of infant's eyes. The sight of one eye lost in consequence.

### SEVERELY CENSURED.

Mary Frankham (236), a portion of the placenta having been retained, and the temperature high, with rigor; did not advise medical assistance.

Alice Turner (19429), failed to notify death of infant in proper form; also a second charge of having, in the case of another infant, advised medical assistance, and failed to notify the same.

### CENSURED.

Elizabeth Anderson (520), did not advise medical assistance for inflammation of infant's eyes. It was shown that the midwife walked four miles each way to this case daily.

### ADJOURNED.

Jane Robinson (5134), negligence on several charges. Defence for not taking temperature at rigor, experience teaches her when temperature is raised.

Charlotte Flanagan (15702), negligence on several counts; uncleanly.

Mary Adkins (1385), case adjourned: to be reported on in three and six months.

### CAUTIONED.

Elizabeth Bayerstock (10281) did not send for doctor in case of adherent placenta; patient died.

Adelaide Harker (8979) charged with neglect of patient and want of cleanliness.

Arabella Matilda Hopton (10731), charged with neglecting to send for a doctor, symptoms of puerperal fever having developed after the tenth day.

Sarah Jane Long (2350) neglected to send for medical assistance for symptoms of puerperal fever, and with having given douches with an enema syringe.

Sarah King (23594), charged with (a) patient suffering from loss of blood, did not advise medical assistance; (b) though engaged to attend, did not do so. Defence, illness.

### AN ALTERNATIVE.

Emma Mensom (12005) neglected to report inflammation in infant's eyes, and other charges; to send up her register, or be struck off Roll.

Sarah Jane Crowe (21434) refused to submit her bag, appliances, etc., for inspection. Ordered to send up certificate or be struck off the Roll.

Maria Penfold (6704), negligence and incompetence. To resign or be struck off Roll.

# THE BRITISH JOURNAL OF NURSING

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XLIV.

## Editorial.

### THE WORK OF SCHOOL NURSES.

At the present time there is a great demand for nurses who are not only well trained professionally, but who are, by education and position, qualified to cope with the responsibilities and difficulties with which they are constantly confronted, and in no branch of nursing is this more necessary than in school nursing, where the relations of nurse and parent need tact and delicacy on the part of the former if her objects are to be achieved thoroughly and pleasantly. It is therefore regrettable there is some danger that education authorities should, for the sake of cheapness, sanction the employment as school nurses of women trained only in the rudiments of nursing, and drawn from the same station in life as the parents, with whom they have to deal. In relation to questions of health, cleanliness, and the bringing up of children, parents of the working classes will often receive and act upon advice wisely tendered to them by one to whom they look up and respect, but the hard-working mother of a family may be pardoned for resenting what she regards as the interference of a young girl of her own class, with a brief and inadequate training in nursing, in respect to the care of her children.

A very sore subject with most parents is the cleansing of children's heads, and they are immediately on the defensive when, after due examination, it is intimated to them by the nurse, acting as the agent of the Education Authority, that such cleansing is needed. Much tact and discretion are necessary in order that this part of a nurse's work may be accomplished with the least amount of friction, and practical experience is also a

guide as to the best method to be pursued. Thus a school nurse under the Devon Education Committee, whose work in this connection has, in some instances, been so greatly resented that it has been necessary for her to be shadowed by police in the performance of her duties, has found that the serving of official notices on the parents of school children whose heads are not clean, is greatly resented. The nurse now visits the homes of the worst cases after inspecting the children in the schools, and has found her advice as to the treatment of the heads welcomed, as well as other suggestions in regard to health matters. It is quite possible for a nurse, when visiting a parent and instructing her as to the necessary measures to be adopted, to assuage her outraged feelings by speaking of the liability to infection of clean heads in a mixed school, where children sit side by side, and where caps and hats may be interchanged during playtime, and to enlist her sympathy and help; for just as scarlet fever and measles run through a school if not promptly dealt with, so pediculi are quickly communicated from child to child, even to the children of the cleanest and most careful parents, and all should feel an interest in co-operating with the nurse to eradicate this evil.

It will be seen that in this instance, and in many others connected with hygiene and cleanliness, the way in which the situation is presented to the parents is all important, and Education Authorities cannot be too particular, or too careful, in the selection of the nurses upon whom these important and delicate duties devolve. It should be recognised that to hold office as a School Nurse is to be a public servant whose work is expert and honourable, and who, therefore, should command confidence and respect from the parents of the children.

## Medical Matters.

### RECENT SURGERY.

In his last lecture on "Recent Surgery," at Guy's Hospital, Mr. E. C. Hughes reviewed the various cures for cancer that had been tried during the last few years. He first gave a description of the different kinds of cancer of the breast, and showed why the disease was so baffling and difficult to cure, and also why the many so-called cures proved futile. Many attempts, he said, had been made to cure cancer on medical lines, but they had all fallen into abeyance, except the caustic treatment, which would always be used by the ignorant quack.

Cancer cures were also being prepared in the laboratory. Doyen had prepared a serum by repeatedly injecting cultures of the *Micrococcus Neoformans* (which he and others thought was the responsible organism of cancer) into animals, and subsequently drawing off the blood. He obtained results which he claimed as satisfactory, but the method has fallen into abeyance, as it was shown to be useless. Other experimenters used a vaccine consisting of measured doses of the killed cultures of the *Micrococcus Neoformans*, which they supposed to be the cause, but this method, too, has been given up as of no avail.

The most promising of the bacterial methods is that of Coley's fluid, and some of the results are wonderful. Coley injects sterilised unfiltered cultures of the *Streptococcus* of Erysipelas mixed with *Bacillus Prodigiosus*. Great care must be taken in giving the fluid, so as to prevent chill. The average duration of treatment in successful cases was about two to three months, but the fluid had been given for long periods,  $2\frac{1}{2}$  to 4 years, without doing any harm.

Save in cases of rodent ulcer, X rays had proved very disappointing, the treatment being only local; it does not in any way affect the secondary deposits in parts of the body other than that under exposure. It is impossible to administer a sufficiently strong exposure to modify growths in the viscera without injury to the skin, but in cases where the disease is superficial treatment by X rays almost always relieves pain, retards growth, and produces retrogressive changes, and enables many patients to resume their everyday life.

Radium has also been tried, and Abbe has achieved wonderful successes with it, but he has unlimited quantities at his command. When it is possible to use it in grammes instead of milligrammes, a great advance may take place in its usefulness.

The High Frequency apparatus has been used during the last few years, and the treatment is known as Fulguration. The patient is put under an anæsthetic, and the electric spark applied for a period of 5 to 40 minutes, after which the cancerous growth is removed, and the wound is again exposed to the spark for about 5 to 15 minutes to kill any remaining cancer cells. At the time of operation and after, cases seem satisfactory, yet later the cancer again occurs. It is found to be of no use when the cancer has reached inaccessible parts. It is, however, a useful method, as it makes the patients more comfortable for the time being, the absence of pain when compared with the extreme pain after an extensive cutting operation, is very marked.

The Lecturer also gave a short description of the Opsonic Treatment, which has been so much in use since 1906.

### ZYMOTIC ENTERITIS.

The second lecture in the course of "Lectures on Babies," which is being delivered by Dr. Ralph Vincent at the Infants' Hospital, Vincent Square, was on Zymotic Enteritis and the condition under which the disease arises.

He said that this was the most fatal disease of infancy, and, despite the advances which sanitation has made, no corresponding improvement is observable in the infant mortality rates. On the contrary, epidemic diarrhoea (the official name of the disease), is steadily increasing as a factor in the causation of deaths among infants under one year of age. Diarrhoea which formerly caused the death of 10 per cent. of the infants who die has increased in half a century to 15 per cent.

There has been a vast improvement in their general environment, but the problem of infant mortality still remains, because of the increase of these diseases—prematurity, pneumonia, and diarrhoea.

The increase in the proportion of deaths from respiratory diseases is probably closely connected with the increase in diarrhoea. Healthy infants are not very frequently attacked by serious disease of the lung as a primary affection. Infants most liable to suffer from zymotic enteritis in its most fatal form are those in whom alimentary disorders have been established for some time. The disease is so fatal, that it is of greater moment to consider the methods by which it may be prevented, than its cure. For with the most expert treatment the recovery of the infant is really dependent on the dose of poison received, the precise virulence of the poison, and the vigour of the infant.

It is in no sense an infectious disease, and

cannot be conveyed by contagion. But in the circumstances at the poor Irish distressed baby living in London, and those of the infant wards in the Infants' Hospital, there is a wide difference, and also a remarkable correspondence. Both are fed on pure raw milk, and both are immune from the disease. The organisms which produce zymotic enteritis exist in the mouth of every healthy infant, but they cannot attack milk in its natural state, and it cannot be too strongly emphasised that these organisms of putrefaction do not directly produce the disease, even when myriads of them reach the alimentary canal of the infant they are unable to attack it. Their action is one which is exercised entirely on the milk whether inside or outside the infant.

The effective cause of zymotic enteritis is not the organisms which finally promote its production, but the method by means of which the infant has been deprived of its natural safeguards against them. The fundamental characteristic of the natural food of the infant is that it is a raw fluid.

No serious amelioration in the mortality arising from this disease can be anticipated until the fullest protection of pure raw milk is secured for every infant, and special precautions must be taken at times when heat and dust are prevalent, to secure that the milk for the use of infants shall be preserved fresh and unboiled.

## The Dowager Queen of Sweden and the International Council of Nurses.

The following letter has been received by Miss L. L. Dock, Hon. Secretary of the International Council of Nurses, from the Dowager Queen Sophia of Sweden. In appreciation of her Majesty's personal interest in the work of the Council and the London Congress a specially bound volume of the Transactions has been sent to Her.

High Grove, Pinnet.

DEAR MISS DOCK. 6th March, 1910.

Her Majesty the Dowager Queen of Sweden commands me to express her Majesty's best thanks for the Council of Nurses' kind gift of its Report, 1909.

Believe me, yours sincerely,

OSBAHR.

Chamberlain in Attendance.

Since the London Congress the Swedish Nurses, whose professional attitude inspired confidence and admiration, have formed the Swedish Nurses' Association.

## Notes on Tubercular Hip Disease.

### THE HIP JOINT.

The hip joint is formed by the superior end of the femur, which articulates with the acetabulum. The acetabulum, or cotyloid cavity, is formed by the union of the three bones of the pelvis, viz., the ilium, ischium, and pubes. Articular cartilage, synovial membrane, and capsule enclose the cavity, and cover the head of the femur, and the capsule encloses the joint being strengthened by many other important ligaments, and completely surrounds the surgical neck of the femur. The greater and lesser trochanters are situated outside the hip joint, and give attachment to many of the deep muscles of the thigh.

### INJURY TO THE TEMPORARY CARTILAGE.

Before passing on it may be well to mention that in the child, temporary cartilage was to be found in the pelvis, and also at the ends of shafts of the long bones. It is from these parts of temporary cartilage growth takes place in the limbs. If the limb receives injury the cartilaginous cells are thrown out of action, the bony cells at once become active, causing permanent shortening of the limb, which will be more noticeable as the child grows.

### RECOGNITION AND CAUSE OF HIP DISEASE.

In ascertaining the previous history of a child with tubercular hip disease, there is usually a tubercular history, and also the account of a fall or blow, perhaps quite of a slight nature. Some inflammatory condition has subsided, which assists the tubercle bacilli already in the blood stream to multiply and set up mischief in this joint.

One of the salient features of hip disease is that it is rarely placed under proper treatment until the disease has become well established. It is therefore the duty of all nurses to be able to recognise certain abnormal conditions, and refer them to the notice of a medical man, or of a physician for the child. A child suffering from hip disease in the first stage will suffer no pain and stand as below.

*First position.*—Patient bends knee outwards, everts and abducts foot, stands with one foot away from the other, and will be reluctant to move. In this position the diseased leg is longer than the healthy one.

*Second position.*—Anterior curvature of spine, termed "Lordosis." Patient has the appearance of an exaggerated waist. This condition must not be confused with a similar one seen in rickets.

*Third position.*—Patient lies knee inwards and foot outwards. Lordosis is also present. Patient's leg has the appearance of being



shorter than the healthy limb.

*Feet.*—*Condition.*—Legs fixed and shortened. The muscles of the thigh waste from the beginning of the disease, but are not at first noticeable. Abscesses may or may not be present.

#### USUAL TREATMENT OF HIP DISEASE.

Rest.

Fresh air.

Good nourishment and cod liver oil. Rarely in the houses of the poor can this be obtained. Scrupulous cleanliness should also be added, with regular care of the teeth.

#### TREATMENT.

*Antitubercins* at present hold the field, Tuberculin, and other similar preparations. These appear to be helpful, unless the pus-germ predominates, or one or other of the internal organs have become affected. It is well to thoroughly examine the urine on coming into touch with a new case. This is usually done by the medical man or the nurse.

*Rest.*—This means complete rest of both limbs equally. A single bed, fracture boards, even mattress are all needed; "tie-downs" made of webbing, arm-holes with chest strap, and a leather strap passed through the arm-holes and fastening on to side of bed are humane and helpful, preventing the child sitting up. Extension of varying weight (with cradle which prevents pressure of clothes) steadies the leg, and prevents friction in the joint, extension is always beneficial in the earlier periods, but does not seem to help much in long standing cases with much shortening, save when an operation "excision" or another has been performed.

A pillow in the earlier stages is not desirable. Sandbags should always be used. Splints will be selected by the surgeon—as a rule—in the earlier stage, double Listons with extension and cradle are applied, both limbs are thus kept on the same level by a pillow when the child needs attention.

In the second position a single Liston on the healthy limb, well sandbagged, is used, while the affected limb is raised on an inclined plane with extension to a sufficient height to bring the back flat on the bed. After this treatment has been kept up, the leg is usually found able to be gradually lowered, and the anterior curve to disappear. Great care must be exercised in this position to keep the pelvis level and the limb at rest. Blocks under the foot of bed are useful when extensions are used.

In the later conditions the splints usually employed are Thomas's single or double as the case requires—the double one made on the pattern of the usual single one, in a case of

double hip disease, is preferable to the variety with body pad and adducted legs from the nurse's point of view, for the child will need to be taken out of this splint more frequently. This incurs the danger of the pelvis being moved. The pads are also unsanitary where the condition is much advanced, and sinuses are present. Another point, the child is not happy in one of this pattern as a rule. A modification of the other pattern, with legs adducted (should this be found necessary by the surgeon) appears easy, and much more convenient. The care of the back in hip disease must always be a consideration.

*Fresh air.*—For the tubercular child an abundance of fresh air is essential. Open air treatment on a modified scale has the most happy results, especially if sunshine is abundant. Sea air and an absence of the dust of the highway are also beneficial. In carrying the patient out of doors the nurse must have the healthy limb next her, and support the pelvis with one hand. Well ventilated rooms and open windows and cleanliness are a necessity.

#### NOURISHMENT.

A generous diet, varied and including some fats, bacon fat and dripping being very helpful. Some preparation of cod liver oil is generally ordered and taken well.

#### WOUNDS.

In old standing hip cases there are frequently many sinuses; a change or the kind of dressing used is most valuable. Boracic seems specially to suit children, and as a rule dry sterilised dressings are to be preferred, carried out on aseptic lines daily. When healing has been accomplished, a prolonged rest of 1½ years in bed or lying out of doors should be enforced. Too much hurry in this respect means disappointment and further mischief.

#### MENTAL CONDITION.

Tubercular children are usually divided into two classes, the *Phlegmatic* and the *Acute*. It has been my experience that hip disease usually attacks the acute type of child. I give this merely as a hypothesis, having no statistics to go upon.

Mentally they need training and teaching just as much as their healthy brothers and sisters. Usually they learn quickly, especially simple handicrafts, and no one can doubt the great benefits accruing to children who are thus employed; singing is also a valuable and much loved occupation. On looking over these notes, I find I have barely mentioned the subject of extensions. On this point I would like a busy children's Ward Sister's opinion as to which is the best, and most easily applied.

MADGE SUTTON.

## Pathogenesis and Treatment of Gout.

An interesting discussion on the pathogenesis and treatment of gout, as reported by the *British Medical Journal*, took place recently at the Berlin Society for Internal Medicine and Children's Diseases. It was introduced by Dr. Brugsch, whose researches on gouty metabolism in collaboration with Dr. Schittenhelm, are well known. In his opening remarks he assumed it to be established that gout was caused by a disturbance of the nuclein exchanges, but added that analysis of the blood showed that there was no retention of uric acid in gouty subjects, nor any difference in this respect between them and normal persons.

Dr. Hesse, of Kissingen, compared gout with diabetes, both being disorders of nutrition which require dietetic treatment and are uninfluenced by drugs. As he considered the necessary data for constructing a suitable dietary did not exist, he had made a fresh analysis of the chief articles of food by the method of Krueger and Schmidt, and found that veal contained 1.3 per cent. of nuclein, liver, kidney, and brain 0.4 per cent. to 0.2 per cent., butcher's meat and poultry 0.18 to 0.19, pigeon a little less, 0.15 per cent. There was no difference between white and red meats, but fresh water fish (0.20 per cent.) contain more nuclein than salt water fish (0.13 per cent.). Oysters belonged to the former group and caviar to the second. The principal vegetables contained a little, but milk and eggs were practically free. He thought it possible with these data to prepare a suitable diet table, but it proved to be monotonous, and he recommended the addition of a certain amount of nuclein-containing food in accordance with the proved tolerance of each individual, just as carbohydrates are added to a diabetic diet. The strictness of the diet must depend upon the gravity of the case, which should be estimated by taking into account all the general clinical considerations.

In a table of the purin free content of certain foodstuffs prepared by Miss Catherine I. Williams, of University College, Bristol, the purin content of meat and poultry is from 0.09 per cent. (mutton) to 0.2 per cent. (beef), salmon and halibut 0.1 per cent. to 0.11 per cent., cod and plaice 0.05 per cent. to 0.07 per cent., potatoes 0.002 per cent., and peas 0.039 per cent. She did not detect any nuclein in milk, butter, eggs, cheese, rice, flour, and bread. With the aid of her table, it is easy to prepare a purin-free diet table, which should exclude butcher's meat, poultry, fish, tea, coffee, cocoa, and alcohol.

## The Relations of Nursing and Medicine.\*

By ROBERT SEVESTRE, M.D.

### HISTORICAL RELATION.

FROM THE IMMENsoRAL relationship between nursing and medicine has been a close and constant one, it may be said to be a partnership in which nursing has always been the senior partner. Professor Osler, in one of his writings mentions a tradition of Eve nursing her grandson, Enoch, and instructing his mother, Mahala, how to comfort and soothe him, a tradition we may well believe to be true.

This is neither the time nor the place for me to enter into an account of the time when women combined the two professions in one, or when they were to a large extent in the hands of men. In the histories of medicine and in that charming work, "A History of Nursing," much interesting information will be found, bearing on what may be called the historical relation of the two. I merely wish to draw your attention to this aspect of the subject, for traditions are not only of value in helping us to avoid mistakes, but also in forming ideals and an inspiration for future efforts.

### SCIENTIFIC RELATION.

One of the darkest periods in nursing was undoubtedly in the eighteenth century, and it is only in the last 50 years that much progress has been made, and that nursing has risen to be a profession. The progress has been truly astounding. It is one that very few people even among doctors and nurses, realise or understand, and what is more, this progress is bound to be maintained, for as long as the science of medicine advances that of nursing will advance also, and the time cannot be far off when highly skilled nursing will be considered more generally than it is at present, to be in reality a branch of medicine. This brings me to the second part of my subject, namely, the relationship in scientific subjects. In the teaching of medicine, or for the matter of that, of any science, keen observation and minute exactness of detail are most essential, and are early inculcated into the student. Surely these are among the very qualities that are required in nursing. Further, those whose lives are passed among the sufferers of ill health, require to have some knowledge of the laws that govern good health, and of the normal functions of the various parts of the human body; this is obtained in the study of anatomy, physiology,

\* Read before the International Congress of Nurses, London, 1909.

and hygiene, and these are among the subjects that students of medicine and nursing are taught. It is true that the studies of the former are carried to an advanced degree, but then a higher degree of expert knowledge is required from them, and it does not detract from the fact that both should have a good grounding in the elements of these sciences.

This need of scientific training should be more recognised, for its importance is becoming greater day by day, one or two instances of the necessity of this will not be out of place. It is not too much to say that the majority of operations in the present day are completely dependent for their success on the aseptic environment of the patient, and this depends on the most minute care of the part of all those who are in any way brought in contact with the patient, and I need not remind you that any want of the appreciation of the dangers or any want of exactness in detail may leave a weak link in the aseptic chain, and this will bring about one of those surgical calamities that all so deeply deplore. Attention has been called to this need in a recent editorial in one of the journals devoted to nursing, as follows:—

"It is obvious that if the aseptic ritual is to be thoroughly carried out, nurses must not only be prepared to give exact effect to the directions they receive, but they must also understand the rules which are the basis of the aseptic method, and must bring their intelligence to bear upon their work so that it may be thorough in every detail."

It is not only in this branch of medicine, but in others, that this scientific spirit is required. It is sometimes said that typhoid fever is a disease essentially for nursing, and it is true that skilled nursing is invaluable, but however careful and conscientious a nurse may be, unless there is a keen observation and a trained intelligence to value correctly the facts observed, an early perforation may be overlooked and many precious hours lost.

Instances need not be multiplied of this value of the heaven of science. It is a part of the nurses' training to which attention is not always sufficiently paid; different training schools have different standards, and there is no recognised portal of entrance.

It would be a great gain to nursing, to medicine, and to the public alike if there was a recognised standard of knowledge required, as there is in the case of other professions. It is not to be supposed that this increase of scientific training is advocated at the expense of other qualities required in nursing, but rather that more attention should be paid to it, for it

would lead to a greater interest in the work, a greater efficiency, and in the end would be of greater assistance to medicine. I have often thought that medicine would gain much if some skilled and observant member of your profession would write of disease out of the fulness of knowledge gained by a long experience at the bedside.

That troubles arise from increased knowledge is not the case, and this idea had been refuted repeatedly by experience, not only in this but in other fields of learning as well. Dangers lie in half knowledge, and with a closer scientific relationship a deeper sense of responsibility and a greater confidence in each other would develop.

In the address of the President of your Council the future expansion of nursing was clearly and admirably outlined, inasmuch as the two professions are not only associated in the relief of suffering, but in the future will be associated in the maintenance of good health. All the greater necessity, therefore, for an increase in the standard of training and knowledge.

#### ETHICAL RELATION.

It is not for me to enlarge upon the many advantages that nursing has been to medicine, not the least has been that the work of medicine has been made easier to the practitioners. With the advent of the nurse the sense of relief to the doctor to feel that there is a skilled and responsible person in charge has to be felt to be appreciated. And who has not seen order come out of chaos, and the fretted nerves of patients and friends soothed and quieted. In fact, we may look upon nursing in the abstract as a therapeutic agent of great value, a remedial application, sometimes pleasant, sometimes unpleasant, but nearly always beneficial.

Another aspect of the subject which has to be considered may be called the ethical. It is an interesting and a significant fact, that Miss Nightingale in her writings, especially in the "Notes on Nursing," makes no remarks on the relationship of nurses and doctors, and I suppose that no one had greater difficulties to contend against or overcame them so successfully.

To lay down any set rules for the guidance of the two professions in this relationship to each other would be well nigh impossible, nor do I feel tempted to undertake such a Herculean task that would be bound to end in failure. With the ever-increasing knowledge of medicine and the greater requirements therefore in nursing, fresh problems are constantly arising and the relations of the two have to be modified. Also the work is carried on under such varied conditions that rules which would apply

in one case would certainly not apply in another. One or two broad principles, however, stand out clearly. The ultimate object of both is the same, namely, the alleviation of suffering, and surely, there is scope enough and to spare for the two to work side by side with the same end in view.

Further, as a greater knowledge of the problems of disease is required from the profession of medicine, so the directions which are dictated by this expert knowledge and technical skill should be carried out, and it is recognised that this is done by the profession of nursing. Just as it is the duty of the practitioners of medicine to be loyal to each other and to those who work in co-operation with them, so it is incumbent for those engaged in nursing not only to show loyalty to each other but justice to those who happen at the time to be working in co-operation with them. Finally, the application of common sense and that indefinable quality we call tact should be sufficient to solve many of the so-called ethical difficulties. In the structure that goes to build up our complex system of civilisation, the two professions are units that are closely allied; everywhere all doors are opened to us, and the right of way granted; we belong, in fact, to the privileged classes. We must not pride ourselves too much on this, for the privileges are few, and the responsibilities heavy.

#### PERSONAL RELATIONS.

The last aspect of the subject is the personal relationship between doctor and nurse, and here I am faced with the most difficult and at the same time the most pleasant part of my task.

The priest, physician, and nurse are found forming a trinity wherever suffering and sickness are present, and there should be complete harmony between them.

That the personal relationship between doctor and nurse is on the whole of the happiest description there is no need for me to emphasise. When we come to analyse on what this rests we find that several factors are present—a community of interest, a due regard for the difficulties and dangers of each other's calling, a mutual confidence in matters referring to the welfare of the patient, and a mutual respect which increases with experience. The world would be indeed a very dull place if we all thought alike and acted alike, and it is right that each should maintain their own individuality, and while maintaining their individuality the golden rule of humanity as announced by Confucius should be born in mind—"What you do not like when done to yourself, do not do to others."

### Homage to the Dead King.

St. George's Chapel, Windsor, where King Edward VII. will be laid to rest, is intimately connected with the history of the dead King, for to this chapel he was carried for his baptism, and, at its altar rails, he awaited his bride.

Many magnificent wreaths and floral tributes have been forwarded to Windsor from hospital committees and medical and nursing societies, a number of which were on view in London during the early days of the week.

The wreath selected by Mrs. Bedford-Fenwick, Hon. President of the International Council of Nurses, was gorgeously lovely. Upon a foundation of cycas leaf palm, rose coloured Richmond roses, and deeply purple flowers made a royal effect. The card attached was inscribed:—

"THE INTERNATIONAL COUNCIL OF NURSES."

"From the 25,000 members of the affiliated National Councils of Nurses, of Great Britain and Ireland, Canada, the United States of America, Germany, Denmark, Holland, and Finland."

"In grateful remembrance of the Royal Courtesy of a Great Sovereign."

"Windsor, Saturday, July 24th, 1909."

It will be remembered that owing to the kindness of the late King a never-to-be-forgotten happy, happy day was spent at Royal Windsor during the great International Congress week last summer—and never again on earth will meet our best and dearest.

The students and nurses of St. Bartholomew's Hospital, of which King Edward was formerly President, each sent the shield of the hospital, beautifully carried out in white stocks and purple violets, rimmed with orchids, and the Nurses' Co-operation sent its Badge, carried out in deep crimson and white flowers.

A most striking and beautiful tribute was that sent "in loyal devotion" by Queen Alexandra's Imperial Military Nursing Service, which was exhibited in the window of Messrs. W. Brooks and Son, of Regent Street, W. The design of the Badge of the Service was carried out in scarlet geraniums, white stocks, white heather, and laurel leaves. The cross, with the letter A in the centre, was enclosed in an oval ring, bearing the name of the Service in red letters on a white ground, surmounted by a crown, and below, resting on the fringe of laurel leaves, was its motto, "Sub cruce candida." A knot of ribbon with streamers (the actual ribbon from which the badge of members of the Service is suspended) completed the design.

Much satisfaction has been given to mem-



Members of the various Nursing Services by the thoughtful allotment of places to them on the Horse Guards Parade on the morning of Friday, May 20th. Fifty members of Queen Alexandra's Imperial Military Nursing Service, fifty of Q.A.I.M.N.S. Reserve, and fifty of the Territorial Force Nursing Service will thus be enabled to pay a last tribute of respect to their Sovereign as the procession passes from Westminster Hall to Windsor. All the members of these Services will wear uniform. The former were selected by the generals commanding divisions, and at the special request of Miss Becher, Matron-in-Chief, all ranks were represented. In the case of the Reserve preference was, as far as possible, given to the senior members of the Service in the order in which they joined, certainly the fairest way of allotting tickets so eagerly sought after.

## League News.

### THE SCHOOL NURSES' LEAGUE.

A meeting of the School Nurses' League was held at the Education Offices, Victoria Embankment, E.C., on May 10. Miss H. L. Pearce, the President, took the chair, and about 50 nurses were present. The nurses wished to send an expression of their profound regret at the death of King Edward and their sympathy with Queen Alexandra, and this was accordingly done. The President then, in a few words, explained what form it is hoped the Memorial to Miss Isla Stewart will take, Miss Phillips having resigned as delegate to the National Council of Nurses, and on the Executive Committee, Miss Parkman was elected as delegate to the National Council of Nurses, and Miss Marsland was elected to serve on the Executive. The whist drive, which should have taken place on May 7th, was deferred to June 4th, and it was agreed that there should be a summer excursion to Boxhill on Saturday, July 2nd.

L. M. GRIFFIN.

## An Important Appointment.

Six candidates have been selected by the Treasurer and Almoners from applicants for the vacant post of Matron and Superintendent of Nursing at St. Bartholomew's Hospital, E.C., for recommendation to the Election Committee. The six ladies selected hold the position of Matron to general hospitals of repute. The election will take place on May 26th. The age

limit of 40 has cut out some extremely eligible candidates, and greatly restricted the choice of the Committee.

## The Irish Nurses' Association.

The Irish Nurses' Association held their first summer meeting on May 13th. By kind invitation of Miss Huxley, President, Irish Matrons' Association, and Mrs. Manning, to specially meet Miss Haughton, Matron of Guy's Hospital, the members were entertained to tea in the Waverley Hotel on the summit of Howth Hill. Needless to say, there was a very large attendance, so many of Miss Haughton's old friends and nurses being only too glad to have this opportunity of seeing her again. The weather was lovely, and all enjoyed the delightful afternoon, and were very grateful to their kind hostesses.

## Progress of State Registration.

### THE SOCIETY FOR THE STATE REGISTRATION OF TRAINED NURSES.

#### THE ANNUAL MEETING.

The annual meeting of the above Society will be held on Thursday, June 2nd, at the Medical Society's Rooms, 11, Chandos Street, Cavendish Square, London, at 4 p.m.

A Resolution of Condolence with the Society at the irreparable loss which it has sustained by the death of its faithful President, Miss Isla Stewart, will be proposed.

The Annual Report will be of unusual interest, as it reports the co-operation of medical and nursing societies in a Central Committee to further the registration of nurses by Act of Parliament, and the almost universal demand of trained nurses in every country for legal organisation. It is hoped that a very large number of members will find it convenient to be present, to prove that opposition to their just demands cannot damp down their conscientious ardour.

## The £100 Registration Fund.

Carried forward ... ..	104	7	0
<i>Sent in memory of the faithful services to the Registration Cause of Miss Isla Stewart.</i>			
Miss C. W. Clephan ... ..	5	0	
Miss Bool, R.N.S. ... ..	5	0	
Total ... ..	£104	17	0

## An Open Letter to Mr. Sydney Holland.

DEAR SIR,—It is said that a man is known by his opinions. Let me be kind, and express the hope that you will be measured by your work—done in a spirit of rare enthusiasm for one of London's greatest hospitals.

As for your opinions—they are a mere accident. They predicate a knowledge of the nursing problem, which, although you are profoundly concerned you possess it, largely remains outside the area of your consciousness. You—and many another opponent of State Registration—look out from your little sheltered world and believe that all is well—or well enough. It is only given to a few to rise superior to their environment, and you are not one of them. "Great is the Goddess of propinquity."

It is not in the well-ordered surroundings of a leading hospital and nursing school that you will find the reasons which make State Registration a necessity. There are those who do not accept such surroundings as their ultimate horizon; but I expect you would class them as unrepresentative.

Of course, one so objective as yourself cannot realise the experiences of others. For you, the evil wrought by the sham nurse is too small an affair to call for drastic reform. The sham nurse interests you as little as the hypothetical inhabitant of Mars. And yet she exists—the woman whose only right to the title of trained nurse is that she was dismissed from some hospital for one or half-a-dozen reasons: the woman whose little store of well-learned knowledge was obtained in some special hospital; the woman who has never been in a hospital at all, but has gained a meretricious smattering of nursing facts at the expense of old patients. General practitioners know her only too well, and through their great Association they have expressed themselves in favour of Registration. Those who fight epidemics know her too, and in all the seven hundred fever hospitals of England it would be hard to find a dozen medical men or Matrons who do not hold the same view. Finally, the nurses who go out into the arena to fight for a living, find her competing with them, and the majority of private nurses are of the same opinion. The recent little comedy of a protest against Registration does not refute the last statement.

Why do you oppose Registration? You give reasons, of course, and later on I will refer to the chief one—such as it is. But at the moment I am thinking of your motive, since one always lies behind a policy. Can it be that you disapprove of those who are in the forefront of the movement in favour of Registration? Surely not! Again, are you afraid that the halo which is acquired by nurses who train at your school will lose its brightness if they share a register with others who have not the advantage of belonging to an institution presided over by you? That, too, is impossible to believe. It would be *esprit de corps* at its very worst—mere selfishness, tinctured by vanity.

On the whole, therefore, I must conclude that

your attitude towards Registration does not represent a policy, but is the outcome of what I am compelled to call, for want of a politer word—prejudice.

This brings me to your argument. Prejudice is not founded on reasoning, so that any argument put forward in support of it is bound to be disingenuous or trivial. It will be in keeping with the courteous intent of this letter, and with my opinion of you, if I call yours trivial.

You harp on the statement that Registration will not be a guarantee of character, or—after a time, at any rate—of efficiency. Now, do you really, at heart, believe in the soundness of this objection? You are, I assume, a practical man, and must know that this is an imperfect world, full of compromise; that, while we remain in it, we have to accept the relative in place of the absolute. No register—not even that of the medical profession—offers an absolute guarantee of character and efficiency. But such a register does imply that every person whose name appears on it has been duly trained for work and responsibility of a particular kind, and is in this sense no sham; and it also implies that the individual has not grossly transgressed the laws of the land. No amount of hair-splitting can disprove this relative value of a register. It is an obvious fact which explains the existence of the one for medical men. And so, also, the nurses' register would be merely a relative test, general in application, and therefore simple in use, by which all concerned—medical men, the public, and nurses themselves—could detect the genuine (not necessarily the perfect) nurse, as against the sham. As an alternative, it has been suggested that those who want a trained nurse—perhaps at a moment's notice—should make inquiries regarding her record. It is a proposal that is not helpful, but merely irritating to those who would have to make the inquiries. The time has passed when the selection of a nurse could be put on the same footing as the appointment of a housemaid.

I have said that your opinions are a mere accident, but you will gather from this letter that I attach considerable importance to them. This I am compelled to do, because, owing to your position as Chairman of a great hospital, and your known interest in nursing matters, they have much weight with those who have no chance—not even yours—of forming opinions of their own. In ending let me express the sincere hope that you may yet change your attitude. You are the protagonist among those who are opposing Registration, and in so far as Registration would safeguard the public, and remove from one of the highest and most respected callings its present element of mercenary deception, a grave responsibility rests on your shoulders. The change in your views will come when you realise that, in the wider world outside the walls of a hospital, the conditions as regards nursing are remotely different and immeasurably more complex. May the time come soon!

I am, dear Sir,

Yours, etc.,

X.

## Appointments.

### MATRONS.

**District Asylum, Elgin, N.B.**—Miss Mary Mc Nicol has been appointed Matron. She was trained at the Western Infirmary, Glasgow, and has since held the positions of Charge Nurse at the Bellefield Sanatorium, Lanark, Ward Sister at Shore-ditch Infirmary, and Assistant Matron at Stirling District Asylum, Larbert, N.B.

### ASSISTANT MATRON.

**South-Western Hospital, Stockwell, S.W.**—Miss E. B. Foster has been appointed Assistant Matron. She was already an officer under the Metropolitan Asylums' Board, and has held the appointment of Assistant Matron at the Gore Farm Convalescent Hospital, Dartford, from which she has been transferred to Stockwell.

### SISTERS.

**Royal Mineral Water Hospital, Bath.**—Miss Emily Hughes has been appointed Sister. She was trained at the General Hospital, Birmingham, where she also acted as Ward Sister. She has also done Holiday Sister's duties at the Orthopaedic Hospital in the same city, and has had experience of private nursing.

### SISTER HOUSEKEEPER.

**Charing Cross Hospital, Strand, W.C.**—Miss Kathleen S. Stewart has been appointed Sister Housekeeper. She was trained at the General Infirmary, Sunderland, and at the Royal Maternity Hospital, Edinburgh. She has since had charge of the District Nursing and also of Wards and the Theatre at the Deaconess Hospital, Edinburgh, and has been Holiday Sister and Holiday Assistant Matron at the Royal Hospital for Sick Children, Edinburgh; and Night Superintendent and Housekeeper at the General Infirmary, Sunderland. She holds the certificates of the Central Midwives' Board and the Scottish Board of Obstetric Nursing.

### QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

The following ladies have received appointments as Staff Nurse:—Miss G. Parkes, Miss M. Warburton, Miss J. L. Blakely, Miss D. C. Isaacson.

### QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

*Transfers and Appointments.*—Miss Louise Downer, to St. Buryan; Miss Gladys Frape, to Kingston; Miss Grace Wright, to Watford, Training Home.

### NURSES WANTED FOR THE STRANGERS HOSPITAL, RIO DE JANEIRO.

In our advertisement columns will be found details of two vacant posts for trained and certificated nurses in the Strangers' Hospital, Rio de Janeiro, Brazil. The nurses are needed immediately, the contract is for three years, and the salary £70, £75, and £80 per annum. It is essential that one of those selected should speak German. Now that yellow fever has been almost stamped out at Rio there need be little apprehension of contracting it. Application should be made at once to Mrs. Bedford Fenwick, 20, Upper Wimpole Street, London.

## In Memoriam.

### ISABEL HAMPTON ROBB.

We have received the following notice, sent officially by Miss Mabel Wilson, R.N., Secretary of the League for Nursing Education, New York City:

At a special meeting of the League for Nursing Education, New York City, held April 22nd, 1910, the following resolutions were unanimously adopted:—

*Whereas:* We have learned with profound sorrow of the death of our colleague, Isabel Hampton Robb:

*Be it resolved:* That in the death of Mrs. Robb, we, as Superintendents, lose one of our most able and inspiring co-workers, and the nursing profession suffers an irreparable loss in being deprived of one of its most brilliant members.

Mrs. Robb's unceasing efforts for the advancement of nursing education, combined with mental endowments of a high order, made her a leader in the profession, and a splendid example of noble womanhood.

*Resolved:* That we tender to her family our heartfelt sympathy in their great bereavement.

*Resolved:* That a copy of these resolutions be forwarded to the family of our late associate, and that they be sent for publication to the *American Journal of Nursing*, and to other medical and nursing journals.

ANNA C. MAXWELL, R.N.,

MARY A. SAMUEL, R.N.

MABEL WILSON, R.N.,

*Committee.*

### ISLA STEWART.

"The nurses of India," says the *Nursing Journal of India*, "are called upon with those all over the world to mourn the death of Miss Isla Stewart. . . In losing her England loses one of the very best of her workers for all that goes to uplift nursing and make it more efficient." Miss Pritchard, of Lady Minto's Indian Nursing Association, one of Miss Stewart's pupils, sends an appreciation of "this noble woman's life and work" to the same journal.

Miss Janet Stewart, St. Leonard's, Moffat, N.B., wishes to thank those kind friends and societies who, on the 10th of March, sent such beautiful flowers and loving tributes to her sister, Miss Isla Stewart.

### THE PASSING BELL.

We deeply regret to report the death from burns of a young nurse, Miss Florence Jane Litchfield, employed at Beddington Corner Isolation Hospital, whose dress, whilst reading a paper with her back to the fire, became ignited. It is surmised that she might have had a chance of her life if she had gone into her children's ward and thrown herself on one of the beds. But rather than alarm her little charges she ran past the ward door and down the corridor. Every shred of clothing was burnt off her, and when put to bed, wrapped in oiled clothes, she faintly asked the Matron to look after her "kiddies." So brave and considerate a woman is deeply mourned by all who knew her.

## Nursing Echoes.



Miss Nightingale, O.M., received the following telegram of congratulation from the King on her 90th birthday on the 12th of May:—"On the occasion of your 90th birthday I offer you my heartfelt congratulation, and trust that you are in good health."—GEORGE R. & L."

A telegram was immediately sent on behalf of Miss Nightingale expressing respectful thanks to his Majesty for his gracious congratulation. Miss Nightingale's birthday was celebrated very quietly, since she is an invalid.

Sir William J. Collins, M.D., F.R.C.S., M.P., will preside at the annual meeting of the Asylum Workers' Association, of which he is President, which will be held on May 25th, at 11, Chandos Street, W., at 3 p.m. The proceedings will include the presentation of medals to nurses and attendants for long and meritorious service, and of an illuminated address to the President and a Testimonial to the Hon. Secretary, Dr. Shuttleworth, in commemoration of the passing of the Asylum Officers' Superannuation Act.

The Fever Nurses' Association are to have the privilege of holding their Annual Meeting in the fine offices of the Metropolitan Asylums Board on the Victoria Embankment, on May 23rd, when it is expected that there will be a large attendance of members of this young and energetic Association.

The current issue of the "Woman at Home" contains a story by Mr. Stephen Townsend, "A Leaf from a Hospital Day-Book," and many nurses will recognise the hospital in which the incident related occurs, where "nothing broke the stillness of the ward but the mellow cooing of the pigeons, and the ceaseless patter of the fountain in the hospital square," and also Sister Mary, "Little Sister" as she was spoken of by all who loved her—and this was indeed by all who knew her well—possessed of a keen observation, an unfailing intuition, which combined with twenty years' experience in the chief surgical female ward of a leading London hospital, had made her an expert in diagnosis. It is a tragic story, but well written, as is to be expected of the author of "A Thoroughbred Mongrel." Moreover, it is a true picture.

The author writes of what he knows, not a travesty of hospital life conjured in the arms of the sentimental novelist.

It is a pity that the path of the School Nurse working under the Devon Education Committee is beset with difficulties, from the letters of irate parents, one of whom wrote: "to the lady inspector of our sister's heads"; "I am capable of keeping my children's heads clean without your help. I have had six children going to school for the last 30 years. Never had any complaints before. If there is any more of your impudence I shall see further into it." One man threatened "to comb the nurse's hair if he got hold of her," and yet another objected to the waste of public money involved in the nurse's inspection, and suggested an examination of the mental faculties of the promoters of the scheme, or that they should be provided with furnished apartments in the Devon and Exeter Asylum. From which it will be gathered that the position of school nurse is not a bed of roses.

We frankly regret that the wealthy and influential women who have organised the North and South Wales District Nursing Associations have adopted the insufficient standard of one year's training for nurses to be supplied to the poor. It seems going back in nursing standards to before the flood. Speaking at Bangor the Hon. Mrs. H. Lloyd Mostyn said: "They all knew the value of Queen's Nurses, and highly did they appreciate them. The wonder was how this country got on without them, and never, to her mind, was a movement more needed than that which produced the Queen's Nurses. They wished it were possible to have a Queen's Nurse in every parish and district in the country, but there were not enough funds. So it had been decided to provide in future a supply of village nurses, who will have had 12 months' district and maternity training, and will be certified under the Midwives' Act. The cost of training a village nurse was £60."

These workers are therefore legally "certified midwives," and should be called and classed as such—"skilled nurses" after nine months' experience they cannot be. How is it that wealthy leisured women are content to provide for the poor a standard of nursing which they would not utilise in their own homes? The excuse that there are "not enough funds" is surely a sorry one. In plain parlance, because a person's poor, cheap and semi-trained woman is considered good



ought for his needs. A sickly travesty of the reality.

The Board of the Kimberley Hospital, South Africa, at the annual meeting, congratulated the subscribers on the success of the institution as a training school for nurses, which is proved by the successes achieved by the nurses during the year. During the absence of Miss Gibson, the Matron, on six months holiday, the duties were most satisfactorily performed by Miss J. C. Child, who has now taken a Government appointment in Basutoland with the best wishes of the Board.

The Executive Committee of the Ceylon Nursing Association report that by the addition of four Nursing Sisters secured through the Colonial Nursing Association, the Staff now consists of a Matron and ten Sisters, a proof of the way in which the services of nurses, once provided for a community, are appreciated. The Association was founded only 16 years ago by a few public spirited ladies with a single nurse. The accommodation at the Home is now quite inadequate, and it is estimated that a sum of £4,000 is required for the necessary extensions, including the Nurses' Quarters, a Maternity Ward, and a Surgical Ward, and thanks to their Excellencies Sir Henry and Lady McCullum and other good friends, it seems probable that the whole of this sum will shortly be collected.

Miss Wald and Miss Waters, from the Nurses' Settlement, New York, have gone to Japan. Training schools for nurses in Japan owe much to sound American teaching.

In *The Nursing Journal of India*, "C.R.M." tells the following little tale under the heading of "Nurses Beware!":—"In one of the large hospitals in Bombay a nurse sat watching a patient who was seriously ill. Down swooped a crow, picked up a clinical thermometer, and sitting on a ledge out of reach, regarded the nurse provokingly. 'Oh, crow,' cried the nurse, 'let me have my thermometer; it is a half-minute one, and I shall have to pay for it,' but the crow only croaked. 'Oh, no, Nurse; that is the use of my living so close to the hospital, and watching the doctors and nurses all day long, if I do not learn anything? Now I shall be able to take the temperatures of all the sick crows in our neighbourhood,' and, blinking maliciously at the nurse, away he flew. The nurse thought it hard that she should have to pay for the thermometer, but the hospital is a Government one, with plenty of red tape

about, and on inquiry it was found that there exists no fund for replacing articles stolen by crows! Therefore nurses, beware! Those in authority only smiled, saying, 'The thermometer should have been put in a safe place, out of reach of a crow.' " Query, but where?

"The Dauphines of France," by Mr. Frank Hamel, is a work of entrancing interest—these wives of the heirs to the French Throne—themselves not always interesting, are made so by the circumstances of the times in which they played a more or less forceful part.

Marie-Joséph de Saxe, the mother of the last three Bourbon kings, with only two dauphines of France to follow her, was the second wife of the son of Louis XV. Her husband died of small-pox in the life-time of his father, and Marie-Joséph insisted on acting as his nurse, and remained with him day and night. "I am no longer dauphine," she remarked to those who uttered remonstrance. "I am nothing but a sick nurse." When they begged her to consider her own health, she replied, "What would it matter if I died, provided that he lives, and that France owes him to my tenderness and care. There are plenty of other dauphines to be had if it should cost my whole self to save the dauphin."

Apparently there were brusque medicos in those days. The specialist Pousse was called in to attend the King's son. He knew very little of the Court, and, seeing Marie-Joséph by the bedside, dressed in very plain clothes, he gave instructions that her orders were to be closely followed, because she seemed to anticipate all the patient's requirements. Then he turned to her and said brusquely, "What's your name, nurse?" Another medical attendant replied for her, and upon hearing she was the dauphine, Pousse, nothing taken aback, cried, "Ah, well, when I see our smart Parisian ladies, playing the *précieuse*, and fearing to enter their husband's sick-room, I will send them to learn in this school."

The dauphin was not told the disease from which he suffered, but suspecting the truth, he asked his wife to embrace him, believing she would refuse if his surmises were correct. But she did as he asked without showing the slightest sign of fear or repulsion.

Magnificent and costly fêtes celebrated his recovery, although throughout France the people were starving. Some years later Marie-Joséph lost her husband from consumption, and she never became Queen of France.

## The Hospital World.

### THE CHILDREN'S INFIRMARY, CARSHALTON.

The opening of the Children's Infirmary, Carshalton, is probably one of the most beneficent works ever carried into effect by a Cabinet Minister, and one which Mr. John Burns will always be able to look back upon with unfeigned satisfaction as having been accomplished during his term of office at the Local Government Board. For through the opening of this Infirmary at Carshalton the sick, the crippled, the halt, and the maimed waifs of the London slums, who drift into the Metropolitan Poor Law infirmaries, are now removed from these institutions, where often they were formerly treated in the general wards with the adult patients, and taken to their own Infirmary on the breezy Surrey Downs, where they live in the open air, and grow fat and rosy and well, or are nursed and cared for, in ideal surroundings.

The Infirmary is about a mile and a half from the station, and it is a climb up hill all the way. The

Asylum

Board thoughtfully provides for the convenience of the members of the staff who may be off duty a motor-bus, which conveys nurses to the station for the 2.30 up train every day (Sunday excepted), and meets the down train at 9 p.m., and later trains if it is notified that there will be passengers. Therefore nurses can spend a long half-day in town if they so desire.

Motors, indeed, are a great feature at Carshalton, and small wonder when we consider that the extent of the grounds is 100 acres. The dinners, the stores, the washing, and many other things are delivered by motor, and the distances to be covered may be judged by the fact that even the dinners cannot be delivered to all the wards in less than an hour. Our illustration shows motors in daily use for the service of food and stores. A bicycle is provided for the use of the Matron (Miss Winnill) and the Night Superintendent on their rounds, and, though the Matron in her more deliberate and stately progress of daily inspection

has not yet adopted it as a means of locomotion, it is found very essential by the Night Superintendent, especially when summoned hastily in case of sudden emergencies.

The administrative block, in which the Matron and Resident Medical Officers have their quarters, has a long frontage overlooking the valley. The wards are divided in *streets*, four blocks of eight wards in a street, and there is accommodation in all for 1,000 patients. In the acute wards there is a Sister in charge in each block, in the convalescent wards, Staff Nurses, with probationers working under them, are on duty. They are supervised by Home Sisters, each of whom lives in her own administrative block near her street, and visits the wards periodically during the day, and is summoned always in case of need.

In connection with each ward there is a cloak room where the nurses keep their cloaks and goloshes, for these are essential considering the distances in the open which they have to cover to reach their dining room.

The wards are charming, with windows looking right



The Children's Infirmary, Carshalton.  
Food and Linen Motors.

over to Epsom and Banstead, and opening on to verandahs and balconies on which, day and night, children lie in their beds in the pure and splendid air, overlooking as fair and typically English a view as can be seen within many miles of London. The rich pastures, the ploughman ploughing his furrow, the ricks of hay, and the rolling meadowland, all testifying to the spaciousness and beauty of the country unspoiled by the hand of man, are seen for the first time in their lives by many of the patients. Surely they will be an abiding memory with the children when they return to the London tenements which pass for home.

Not the least benefit of their infirmary is the discipline and order which prevail there. It has its own corps of boy scouts, which Dr. Griffin, who acts as commanding officer, was good enough to parade when I visited the Infirmary. The boys were manifestly proud of belonging to the corps, and carried out the direc-

tions given by their sergeant smartly, and well. Each section has a distinctive name, and colours, and the *esprit de corps* inculcated is most valuable training. One pathetic section was composed entirely of cripples.

The boys are fortunate in finding in Dr. Pugh, the Medical Superintendent, and Dr. Reade and Dr. Griffin, Resident Medical Officers, friends who take a real interest in their general welfare.

I must not forget to mention the great kitchen, where the potatoes are pared by electricity; the steam laundry, where an incredible amount of washing is accomplished weekly; the stores from which are issued all the supplies and clothing down to shoes and handkerchiefs for this great family, also tooth-brushes, for every child has a peg for his or her towel, brush and comb, and tooth-brush; the carefully kept mortuary; and the motor garage; and even so I feel a certain sympathy with the Queen of Sheba, so would you, O reader! by the time you had walked round that mighty place. You would find there was no more strength left in you, and that neither had you realised one half that there is to see, and that you were not able to tell one half when you tried to relate its wonders. But this at least Londoners can be assured, that it would be impossible for the children for whom it is responsible to be better cared for in better surroundings. The bread bill of the Infirmary must, one would imagine, be enormous, for an hour or two spent in that bracing air puts a keen edge on to one's appetite.

M. B.

#### NON-FLAM.

Flannelette is a favourite material with the poorer classes, owing to its warmth, cosiness, and cheapness; its grave drawback is its inflammability, and many deaths have occurred, both of children and adults, through flannelette clothing igniting. The Departmental Committee on Coroners' Law took evidence at considerable length on the question of flannelette, which is printed in a Bluebook recently published, and the lesson of this is the imperative necessity of using a material which does not readily ignite. Such a material is "Nonflam," supplied by the patentees, Aytoun Street, Manchester, which gained the only awards given at the Franco-British Exhibition for a permanently fire resisting flannelette. The advantage of this is so obvious that everyone who buys flannelette should insist on having the variety known as "Nonflam." When this material is procurable it should be illegal for any one to supply little children to the danger of a terrible death by fire, through using an inflammable flannelette.

## Reflections.

### FROM A BOARD ROOM MIRROR.

The bazaar in aid of the Hospital for Women, Soho Square, will take place, as originally arranged, on May 24th and 25th, in the new hospital buildings. For the concert on the second day the Earl of Shaftesbury, the Hon. Mrs. Stuart Anderson, Mme. Louise Dale, Mrs. George Swinton, Mr. C. Hayden Coffin, Mr. Maurice Farkoa, and Miss Lena Ashwell have promised their services. The bazaar is being promoted with the object of raising £4,500 to complete the rebuilding fund and to put the hospital in a position to claim a conditional gift of £3,000 from King Edward's Hospital Fund. There is a long list of titled stall-holders, and we may hope that money which otherwise would have been required to take an active part in the festivities of the London season may be spent in charity, and find its way into the coffers of this most useful hospital.

Dr. Sambon has telegraphed from Rome to Mr. James Cantlie that the Pellagra Field Commission has definitely proved that maize is not the cause of Pellagra. The parasitic conveyer is the *Simulium reptans*.

The late Mr. Thomas Home, of High Street, Solihull, Warwickshire, whose estate is valued at £38,866, has left his nurse, Miss Emma Elizabeth Moulton, an annuity of £300. The bulk of his fortune is left equally between the Lifeboat Institution, the Birmingham Eye Hospital, and the General Institution for the Blind, Edgbaston.

Mr. Charles Smith, of 64, Carlton Hill, N.W., whose estate is valued at £132,470, left £25,000 for charities, suggesting that £1,000 should go to each of the following London hospitals:—St. Mary's, St. George's, St. Bartholomew's, St. Thomas's, Guy's, University College, Charing Cross, Middlesex, King's College, Royal Free, Cancer (Fulham Road), Brompton, and Samaritan Free.

Sir James and Lady Roberts, of Milner Field, have made a most generous gift to the Yorkshire Home for Incurable Children, presenting the premises recently used as the Clifton College, Harrogate. The new Home for Incurables will be much larger than the building now occupied, and will accommodate at least all the forty-five cots which are subscribed for at present. Clifton College is in a delightful situation on the south side of the town. Sir James and Lady Roberts have purchased the building, and are having such alterations made as are necessary to adapt it to its new uses. It is a substantial structure, and quite up to date in all its appointments, having fireproof staircases and being fitted with electric light. The gift has been reserved upon as a memorial of the youngest son of Sir James and Lady Roberts, Master Jack Roberts, who was drowned some years ago under tragic circumstances at Portrush while staying there with his parents on a holiday.

## Professional Review.

## OUR BABY.

It is proof of the popularity of "Our Baby," Mrs. J. Langton Hewer's well-known book for mothers and nurses, that it should have reached its twelfth edition, and that 70,000 copies have now been issued. It is published by Messrs. J. Wright and Sons, Ltd., of Bristol, in paper covers 1s. 6d. net, or in leather 2s. 6d.

It deals with the care of the newborn infant, and next with its outfit; the necessity for protecting the lungs, the skull, the abdomen, for the use of porous clothing.

A chapter is devoted to the infant's food, and to the importance of a mother nursing her child. We read: "A hand-fed baby's life is threatened with numberless drawbacks and dangers, to which a breast-fed baby is not even exposed. It has been conclusively shown that a breast-fed baby is practically immune from infectious diseases—*i.g.*, measles—and that dangerous diarrhoea is very rare. One in every six infants born in the British Isles dies before it reaches a year old, and the vast majority of these are hand-fed."

The conditions under which a mother should not nurse her child are enumerated as follows: (1) If she be consumptive or markedly scrofulous. (2) If she be suffering from any acute disease—*e.g.*, typhoid fever, inflammation of the lungs. (3) If she be in a state of great general debility. (4) If, after a fair trial, she have excessive back-ache, faintness, continual prostration; or if her periods should return at all profusely.

The various methods of managing a "bottle baby" are described, ass's milk, as supplied by Welford's Surrey Dairies, being mentioned as one alternative to mother's milk. The methods of modifying cow's milk are detailed, and the use of a Soxhlet apparatus advocated for sterilising and pasteurising purposes.

One chapter is devoted to "Baby's Troubles," beginning with vaccination. "Many mothers," it is stated, "have very strong objections to having their children vaccinated, which they base on the following grounds: (1) It pains the child; (2) it may introduce diseases and even cause death; (3) it is quite unnecessary and practically of no value."

It is not surprising that the idea of inflicting pain on an infant, and, indeed, of introducing the vaccine into its system is distasteful to many mothers. At the same time no mother who has lived in a country where vaccination is not the rule, and seen how many hundreds die during an

epidemic, and the virulence of the disease even in those cases which do not end fatally, would hesitate to afford her child protection from so terrible a disease at the small price of the temporary discomfort caused by vaccination.

## SKIN AFFECTIONS.

An interesting section of the book is that on skin affections, including naevus, or mother's mark, red gum, sweat rash (sudamina), eczema, nettle-rash or urticaria, boils, ringworm, the itch, and, lastly, lice or pediculi. The accompanying illustrations show the various kinds of lice greatly magnified—*i.e.*, the head louse, and the egg of this louse attached to a hair. The eggs are of an oval shape and glued to the hair. A hair of the natural size with an egg glued to it is also shown. As nurses are aware, great irritation is caused by lice, and sometimes eczema, especially that form which is situated at the back of the neck, and the neighbouring glands, are often enlarged.

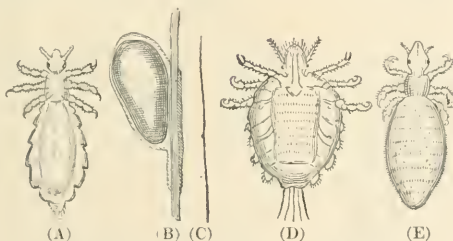
## WORMS.

There are three varieties of worms by which a child may be affected—the *tape worm*, the *round worm*, and the *thread worm*. The symptoms (when present) are irritation and consequent scratching at the anus, grinding of the teeth, picking at the nose, disturbance of the bowels, and capricious appetite, to which we may add rise of temperature and feverishness; but in many instances the presence of worms gives rise to no symptoms at all.

*Tape worm* rarely infests an infant. Flat pieces of worm are passed in the motions of the child. A cure will not take place until the head of the animal is passed.

*Round worms* are several inches long, and have somewhat the appearance of the common earth worm. One or more may be present, usually one. They may be expelled through the mouth by vomiting. The drug usually given (under a doctor's orders) is *santonin*, which is given at bedtime and followed by a dose of castor oil in the morning.

*Thread Worms*.—These worms, when present, usually exist in large numbers. They are about a quarter of an inch in length, and inhabit the lower bowel. They often escape from the anus and crawl about in its vicinity. They are treated by injections of salt and water (a teaspoonful to a pint) into the lower bowel, or an infusion of quassia of the same strength may be given. For young children not more than three or four ounces of the injection should be given at a time. Occasionally *santonin* is prescribed in place of the injections.



VARIOUS KINDS OF LICE (GREATLY MAGNIFIED).

(A) Head Louse, chiefly found in the scalp. (B) Egg of Head Louse attached to a hair magnified, and (C) natural size. (D) Louse found on the hairy parts of the body. (E) Body Louse.



In all cases of suspected worms it is important that the motions should be carefully examined (and saved for the inspection of the medical attendant) as it is impossible to arrive at a correct diagnosis unless the worms or their eggs be seen.

The illustrations on this page, which appear in "Our Baby," give an excellent idea of the various kinds of worms.

#### AILMENTS OF THE EYES.

Under this heading the various forms of ophthalmia are described, also ulcer on the cornea, which denotes ill health. It is always accompanied by pain, watering of the eye, and a fear of light. The eye generally waters a good deal, and the child will absolutely refuse to allow it to be looked at. The general treatment consists of tonics, good food, and fresh air. The medical attendant will probably order atropine lotion to be dropped into the eye, and perhaps a blister on the temple. It is important that medical advice should be obtained without delay, as neglected cases of corneal ulcer may end in destruction of the eyeball.

Inflammation of the roots of the eyelashes is a very common disorder among poor children. The following is the description given by Mrs. Hewer:—

"The edges of the lids become red and irritable, and a thick secretion is poured out which glues the lids together. Scabs form and the lashes drop out forming a very unpleasant spectacle. The great line of treatment is cleanliness and tonics. The scabs should be bathed off, and a little dilute yellow oxide of mercury ointment smeared on. A child that has once had the disease is very liable to have it again."



ROUND WORM.

(About half natural size.)



THREAD WORM (portions only).



THREAD WORMS (about natural size).

#### THE EAR.

Otitis, or inflammation of the middle ear, is briefly described. It is very painful and reveals itself in fever, loss of appetite, and tenderness behind the ear. The child probably cries persistently and rolls its head from side to side. At an early stage hot fomentations and poultices may give relief, but medical assistance should always be summoned without delay. If suppuration takes place the pus is pent up, and the abscess is usually opened

by the surgeon before it bursts, when relief is obtained. Trained nurses know that such cases require the greatest care and cleanliness in nursing.

Drugs such as aconite, bromide of potassium, calomel, opium, and, we must add, bicarbonate of soda, should never be given without medical direction. Bicarbonate of soda has a corrosive action on the coats of the stomach, which may be very injurious if it is given indiscriminately.

#### RHEUMATISM.

Mrs. Hewer points out that this disease is very apt to be overlooked, especially in young children, as the joint pains are often very slight, and are put down by the mother or nurse to "growing pains." The serious thing about rheumatism in young children is, that the heart is so very liable to become affected. Heart disease in children is always dangerous and often fatal. St. Vitus' dance may follow an attack of rheumatism.

If a child complains of pains in its ankles, knees, or wrists the best thing to do is to keep it warm in bed, and send for a doctor. In some cases muscular rather than joint pains are complained of. Should the heart be affected there may be vomiting, breathlessness, fever, and pain in the stomach.

# Outside the Gates.

## WOMEN.



It is not improbable that a Regency Bill will be shortly laid before Parliament providing for the administration of the Government should the Crown descend to the young Duke of Cornwall before he is of age. We see it suggested that the Duke of Connaught should be appointed Regent. Why is Queen Mary to be passed over? Surely we have evidence enough of the beneficence of the regency of Queen Mothers. We have only to point to the wonderful influence of Queen Christina of Spain, and her success during the minority of King Alonso, who owes so much to her discriminating care. By all means let us have all the mother influence we can get in royal and political circles, it always makes for the general good.

At the first professional examination in anatomy and physiology for the diploma of Fellow of the Royal College of Surgeons, held on May 5th, 6th, 10th, 11th, 12th, and 13th, 135 candidates presented themselves, of whom 73 per cent. were referred and 27 per cent. were approved, among whom is Miss M. M. Baslen, Royal Free Hospital, who is the first lady to pass this examination, for which six ladies entered.

An important concession to women medical students has been made by the Board of Governors of the Leeds General Infirmary, who have decided to admit women students to the practice of the Infirmary. As the lectures and laboratory courses of the Medical School of the University are already open to women, the step taken by the Infirmary Board will enable women to receive the whole of their medical education in Leeds.

The Convention drawn up by the Congress for the Prevention of the White Slave Traffic and the Suppression of Obscene Literature, held in Paris, is published. With regard to the white slave traffic it is recommended that punishment be inflicted for all incitements to immorality and the like, whether or not various acts constituting the offence have been accomplished in different countries. The contracting parties, whose legislation is at present insufficient for the punishment of these offences, agree to take, or propose to their respective legislatures, measures necessary for the condign punishment of such offences. As for obscene literature and the like, it is recommended that its publication, importation, transport, sale or advertisement of any kind, shall be made punishable.

Mr. G. Strangways Collins draws attention to the frequent use of the spur by hunting women. Ladies' spurs are, he says, very cruel instruments, in the form of intensely sharp spikes, and cruelty is inevitable when they are used. Surely no lover of horses could use so barbarous a weapon on the good horse who serves her well.

## THE SOUL.

We cannot describe the nature of the soul, but we know that it is divine. All things are known to the soul. It is not to be surprised by any communication. Nothing can be greater than it, let those fear and those fawn who will. The soul is in her native realm; and it is wider than space, older than time, wide as hope, rich as love. Pusillanimity and fear she rebuffs with a beautiful scorn; they are not for her who potteth on her coronation robes, and goes out through universal love to universal power.

R. W. EMERSON.

## VERSE.

It was but the lightest word of the King,  
When he was neither merry nor sad;  
It was but a very little thing,  
Yet it made his servant glad.

He gave a look as it were,  
Between a smile and a smothered sigh,  
Whether he meant it, who can tell?  
But the man went out to die.

From *The King*,  
MARY E. COLERIDGE.

## COMING EVENTS.

**May 20th.**—Funeral of his late Gracious Majesty King Edward VII.

**May 25th.**—Fever Nurses' Association, Annual General Meeting, Chief Offices of the Metropolitan Asylums' Board, Victoria Embankment, 3 p.m.

**May 24th.**—The Infants' Hospital, S.W. A course of lectures on Babies. IV.—"The Production and Modification of Pure Cow's Milk." By Dr. Ralph Vincent. Lecture Theatre, 5 p.m.

**May 25th.**—Asylum Workers' Association, Annual General Meeting, 11, Chandos Street, Cavendish Square, W. Chair, Sir William J. Collins, M.D., F.R.C.S., M.P., President, 3 p.m.

**May 26th.**—Central Midwives' Board, Monthly Meeting. Offices of the Board, Caxton House, S.W. 2.45 p.m.

**May 27th.**—Queen Victoria's Jubilee Institute. Conference of representatives of affiliated Associations. Caxton Hall, Westminster.

**May 31st.**—The Rural Midwives' Association. Seventh Annual Meeting, 3, Grosvenor Place, S.W., by kind permission of the Lady Esther Smith. H. J. Tennant, Esq., M.P., in the chair. 3 p.m.

**June 2nd.**—The Society for State Registration of Trained Nurses. Annual Meeting, 11, Chandos Street, Cavendish Square, W., 4 p.m.

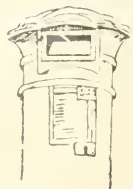
**June 6th.**—Opening of Women's Congress at the Japan-British Exhibition. "The Co-operation of Women in Local Government."

**June 18th** (postponed from May 28th).—Procession of Women Suffragists from the Embankment to Albert Hall, organised by the Women's National Social and Political Union.

## WORD FOR THE WEEK.

"It is a greater thing to make another strong than it is to carry his load."

## Letters to the Editor.



*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in any way hold ourselves responsible for the opinions expressed by our correspondents.*

### OUR GUINEA PRIZE.

DEAR MADAM.—I have much pleasure in acknowledging the receipt of one guinea for picture prize.

Wishing your paper every success,

Yours faithfully,

BESSIE WIDDOP.

The Royal Infirmary, Sheffield.

### MALE MIDWIVES.

*To the Editor of the "British Journal of Nursing."*

DEAR MADAM.—It is an interesting fact that under the Midwives' Act, 1902, while women are prohibited from taking the name and title of midwife, and from habitually and for gain attending women in child-birth, otherwise than under the direction of a qualified medical practitioner, men can do both these things with impunity, and not only can, but do, as you recently showed.

It is clear that the Act needs amending to prohibit the practice of unqualified men, or they may enter into most unfair competition with certified midwives, to say nothing of the danger to which patients who employ them may be subjected. Moreover, although the male midwife is entirely unregulated, and there is no rule to compel him to send for medical assistance, yet, as he cannot give a death certificate, he will be practically forced to summon medical assistance in serious cases. This opens up further problems. Would a doctor summoned on the advice of an unregistered male midwife be covering unqualified practice, and so be liable to have his name removed from his professional register, if he went to the assistance of a lying-in woman at the request of a male midwife, and how can he enforce payment of his fee if the husband repudiates his claim?

Other interesting points opened up are: How should an amendment of the Act be worded? "No woman shall habitually and for gain attend women in child-birth . . . unless she be certified under this Act" cannot be changed to *no person*, as the Appeal Court of the House of Lords has decided that a woman is not a person, so that if amended in that way it would apply to men only, and confusion would be worse confounded. It will apparently have to read, "no man or woman" in every instance in which it is desired to include both, and lastly, one wonders what the judgment in the Edinburgh graduates' appeal to the House of Lords would have been had the Midwives' Act originally been worded so as to prevent unqualified persons from practice. It could hardly have been held that a woman was not a person had she been described

as such in an Act of Parliament.

Yours faithfully,

CERTIFIED MIDWIFE.

### DIRECT REPRESENTATION OF MIDWIVES.

*To the Editor of the "British Journal of Nursing."*

DEAR MADAM.—May I thank you for making a stand for the direct representation of midwives on their own governing body? Why are we to be excluded from all authority, and be entirely managed by doctors, nurses, and the leisured classes? One result of this injustice is amply apparent—we cannot make a living wage. That fact proves that our profession is mismanaged by those who control it.

Yours truly,

A MANCHESTER MIDWIFE.

## Comments and Replies.

*Infirmary Matron.*—"A History of Nursing," by Miss Adelaide Nutting and Miss L. L. Dock, is just the work you require. The two volumes issued bring the history of nursing down to the year 1875. The third volume, which is now in preparation, will bring it up to date, and will appear at the end of this year. The work is published by G. P. Putnam's Sons, 24, Bedford Street, W.C. The majority of nurses know nothing of the history of their profession.

## Notices.

THE BRITISH JOURNAL OF NURSING is the official organ of the following important Nursing societies:—

The International Council of Nurses.

The National Council of Trained Nurses of Great Britain and Ireland.

The Matrons' Council of Great Britain and Ireland.

The Society for the State Registration of Trained Nurses.

The Registered Nurses' Society.

The School Nurses' League.

As their official organ is widely read by the members of these societies, the Editor will at all times be pleased to find space for items of news from the Secretaries and members.

### CONTRIBUTIONS.

The Editor will at all times be pleased to consider articles of a suitable nature for insertion in this Journal—those on practical nursing are specially invited.

Such communications must be duly authenticated with name and address, and should be addressed to the Editor, 20, Upper Wimpole Street, London, W.

*Advertisements and business communications* should be addressed to the Manager, BRITISH JOURNAL OF NURSING, 11, Adam Street, Strand, W.C.

### OUR PUZZLE PRIZE.

Rules for competing for the Pictorial Puzzle Prize will be found on Advertisement page xii.

# The Midwife.

## An Interesting Case.

### POSSIBLE SUPERFETATION.

Para 4. Age 32. Previous labours and pregnancies normal; general health good; no history of kidney disease; one miscarriage of 5 months.

The present pregnancy, swelling of hands, feet, and legs from the fourth month; considerable increase after seventh month. There was no history of headache, sickness, disturbance of vision, no anæmia.

On admission, the examination of urine showed a heavy deposit of albumin, and the Esbach test 2.8 %. Feet, legs, and abdominal walls were œdematous, and pitted on pressure to the depth of  $\frac{1}{4}$  of an inch.

On abdominal examination, the uterus was much distended, and the fundus an inch below the ensiform cartilage. Twins were diagnosed, both with vertex presenting, one head entering brim and the other on right side of pelvis above brim. Fœtal heart sounds were heard on left side of abdomen below umbilicus 156 beats to the minute, and another on right side in the flanks 136. There was considerable liquor amni.

On vaginal examination, no œdema of external parts, the os uteri the size of a two-shilling piece, 1st vertex presenting, the head very small and freely movable, half an hour later the patient had three pains, and the first twin was born, a boy weighing 3 lbs. 9 ozs., length 16½ inches, with all the signs of a premature baby of about 32 weeks, wrinkled appearance, weak cry, skin red, and a considerable amount of lanugo on face and body.

On second vaginal examination, the os was somewhat retracted, anterior lip œdematous, the presenting part of second child very difficult to reach, per abdomen head above the brim. An hour later pains again began. On vaginal examination the cervix was found to be œdematous all round, membranes were then artificially ruptured, the presenting part entered the brim in the 2nd vertex position. Fairly strong pains every eight minutes, but as no advance was being made, the second child, a boy, was delivered with forceps four hours after the birth of the first. Weight 6 lbs. 4 ozs., length 19 inches, with the appearance of a full term child.

The placenta was expelled 10 minutes later. Apparently there was one placenta, but on careful inspection there was a line uniting the two portions which could be easily separated, the vessels in the smaller portion were smaller than those of the larger portion. There were two complete sacks. Amount of hæmorrhage 7 ounces.

Twenty-four hours after delivery patient's face became puffy, but the amount of albumin had decreased to .8 per cent. Patient was put on milk and fish diet, otherwise there was no other treatment. On the fifth day a marked decrease of œdema, the Esbach test showed a decreased amount of albumin, .1 %.

Points of interest in this case are the disparity of weight and length in the babies, and the question arises was it a case of superfetation?

The œdema and albumin were probably due to excessive pressure incident to the twin pregnancy.

The patient was discharged on the 13th day in very good condition; there was still some albumin in the urine, probably owing to the ureters not being in their normal condition.

The small child was entirely breast fed, and exceeded its birth weight by 2½ ozs.

The larger child lost considerably the first few days, but made a steady advance until its discharge, when it was 3 ozs. below birth weight. The feeding of this baby was supplemented with modified cow's milk.

E. F. WELLS

## The Central Midwives' Board.

### APRIL EXAMINATION.

#### LIST OF SUCCESSFUL CANDIDATES.

At the examination of the Central Midwives' Board, held in London on April 28th, 1910, the number of candidates examined was 353, of whom 308 passed the examiners. The percentage of failures was 12.8.

#### LONDON.

*British Lying-in Hospital*.—E. S. Anness, S. Brower, L. S. Chew, E. B. Simon, S. Stuart, M. E. Willson.

*City of London Lying-in Hospital*.—P. G. Austin, G. E. D. Bignold, S. A. G. Blyth, A. W. Fraser, M. L. Hodgson, A. L. Hughes, W. Taylor, B. M. Williams, V. Wisbey.

*Clapham Maternity Hospital*.—H. E. Barham, L. Eyre, L. Hetherington, E. G. Ibbotson, G. F. Kaplan-Ingol, M. Thresher.

*East End Mothers' Home*.—M. Anders, L. C. Coleman, A. M. Everington, C. F. S. Field, M. Hemsley, M. M. Jarvis, E. Lupton, L. G. Martin, C. E. Moore, M. E. O'Sullivan, F. E. Parsons, E. Taite.

*General Lying-in Hospital*.—A. H. Anthony, E. M. Campion, E. Clarke, H. L. Constable, L. B. Cotes, N. Cowell, C. A. Creer, F. C. Dampier, O. Fisher, R. B. Fitchett, N. T. Frost, E. M. Gransby, E. F. Haggis, M. O. Haines, H. M. W. Hoeth, A. Iremonger, E. M. Jones, M. Jones, M. L. Joseph, S. K. Latham, A. A. Laver, C. Lashman, F. M. Morrison, A. P. Smartt, C. Street, E. M. Thorold, F. Walker, E. Wastneys, M. M. Whitehouse, E. Winstanley, I. M. Yonge.

*Guy's Institution*.—A. Clifton, M. A. D. Collingswood, M. Hogg, M. C. Lewis, M. K. Tyson, M. H. R. Watkins.

*Greenwich Union Infirmary*.—M. J. Page, F. S. Pool.

*Kensington Union Infirmary*.—E. M. Coxhill, E. E. Wilson.



*London Hospital.*—A. Adcock, D. M. Borland, M. A. Edwards, K. M. Hawkins, R. S. C. Jessurun, J. C. King, K. M. Milburn.

*Madras Hospital.*—A. G. Garner, B. A. Latham, M. J. Pearson, N. M. Stearns, A. Thomas.

*New Hospital for Women.*—M. J. Manson.

*Queen Charlotte's Hospital.*—A. L. Barnes, M. A. Bell, R. J. Brant, E. M. Brecknell, O. Clare, G. M. Dawson, L. Feathy, E. Fulford, A. R. Higgs, C. A. G. James, E. J. Mansfield, A. F. Millward, H. M. Minton, A. M. Pollett, J. Prickett, M. E. M. Rendle, E. Richards, E. M. A. Rosser, F. A. Shawe, E. J. Simper, M. M. U. Stapylton-Smith, G. L. Teale, A. W. Terheggen, E. N. Turner, W. M. M. Wanklin, E. G. Whittingham.

*"Regions Beyond" Missionary Union.*—R. M. Jackson.

*Salvation Army Maternity Hospital.*—A. Anson, E. M. Coward, V. Eoll, G. K. Frappe, E. G. Gould, S. J. Hall, M. I. Hyams, K. E. E. Hyde, R. G. Jones, B. H. Mann, H. M. Parker, M. A. Tompkins.

*Shoreditch Union Infirmary.*—E. M. Reade.

*West Ham Workhouse.*—C. M. Gridley, C. A. Lee, J. Linton.

#### PROVINCES.

*Aldershot, Louise Margaret Hospital.*—H. Tattersall.

*Bradford Union Hospital.*—M. Croot.

*Brighton and Hove Hospital for Women.*—F. Adams, E. Cockeram, M. A. Donnelly, M. W. Ellis, A. E. Hackwood, L. Hotine, P. Simpson, L. Tvidale.

*Bristol Royal Infirmary.*—E. M. Awbery, A. Jenkins, E. C. Peers.

*Cheltenham District Nursing Association.*—B. M. Taylor.

*Chatham, Military Families' Hospital.*—E. Day, A. Flamank.

*Devon and Cornwall Training School.*—C. M. Coad, S. J. Comerford, E. Penney.

*Edmonton Union Infirmary.*—M. E. Dennis, N. Mann.

*Essex County Cottage Nursing Society.*—G. Walsh.

*Gloucester District Nursing Society.*—L. E. Downer, E. Knowles.

*Hull Lying-in Charity.*—K. J. Fall.

*Lipsich Nurses' Home.*—E. M. Aldis, E. R. Dale, H. Fiske, A. A. Poole, A. M. A. Watson.

*Manchester St. Mary's Hospitals.*—F. M. Wilkinon.

*Newcastle-on-Tyne Maternity Hospital.*—G. E. Pollock.

*Nottingham Workhouse Infirmary.*—E. Richards.

*Platow Maternity Charity.*—E. E. Baker, C. Bigg, A. Byrne, R. Christey, D. E. Clinch, B. Connolly, F. M. Darrington, J. C. Golden, J. Gregson, R. M. Harbord, I. C. Heather, C. Jackson, K. A. James, C. E. Jenkins, L. E. Joyce, C. A. Macdonald, M. Moody, A. W. Orr, A. Paish, G. S. Purdy, E. Race, L. Robinson, I. M. Smyth, F. M. Spencer, L. B. Summers, M. A. Thorne, M. A. Tilley, L. E. Turner, E. M. Wilber, E. E. Wilkins, L. A. Williams, I. Wiltew, A. Worthington, P. Young.

*Sheffield, Jessop Hospital.*—E. G. Dixon, G. Munnoch, E. A. Potterill-Tilney, E. Schofield, M. Walmsley.

*Woodwich, Home for Mothers and Babies.*—M. Luty.

*Woodwich, Military Families Hospital.*—E. Moore, F. E. A. Richardson.

#### SCOTLAND.

*Aberdeen Maternity Hospital.*—M. A. Nelson.

*Dundee Maternity Hospital.*—W. E. Ferrier, A. M. F. H. Hall-Houghton, E. B. Jones, F. H. O'Sullivan, J. J. Paterson.

*Edinburgh Royal Maternity Hospital.*—A. S.

Carter, F. M. Johnston, F. S. Maddock, J. D. Tait.

*Glasgow Maternity Hospital.*—E. M. Carr, M. W. Nicoll, M. Smith, M. Swan.

#### IRELAND.

*Dublin, Rotunda Hospital.*—H. C. Thomas, F. R. Woodroffe.

#### PRIVATE TUITION.

M. A. Acton, M. Aldrich, N. Ansell, J. Armstrong, D. Aspa, E. Barlow, S. Barnard, M. C. Bawden, E. W. Beran, E. E. Birsnall, M. A. Bishop, F. F. Blake, C. M. Brown, M. Bullett, L. E. Carthidge, R. Clark, B. M. Collins, R. Collins, L. M. Cook, M. Cook, R. T. Cooper, E. E. M. Cotterell, C. A. Dallender, A. Davies, M. Davies, M. K. Dinsmore, M. E. Dossetter, E. S. Eprgrave, L. M. Fear, R. Fisher, C. J. Fleming, S. A. Free, M. Garner, B. A. Glass, E. Gooch, M. Goodacre, J. Gorry, E. S. Gostling, A. M. Granger, M. C. Greengrass, A. M. Haggart, A. M. E. L. Haines, E. A. Hale, L. R. Hammond, C. Y. Henderson, A. M. Hodder, A. Holmes, A. E. Horner, N. S. Jones, M. King, E. E. Knight, M. J. Llewellyn, E. A. Long, H. Louch, M. Lusk, F. A. McPherson, A. Maskell, L. A. Noon, M. A. N. Ochse, M. Owen, L. Park, E. Parsons, J. Reid, A. K. Roche, E. Sandwell, E. A. Siebert, E. Sisteron, E. Spence, A. E. Stevens, A. S. Taylor, M. C. Thompson, C. M. Thurston, B. L. C. Tomlinson, M. S. Vernon, E. Vest, F. E. Walker, M. J. Watkins, M. E. West, M. M. Whale, M. White, E. Widdop, M. Williams, E. Willis, E. A. Wood, E. L. Worley, E. Wright, A. I. Youson.

#### DIRECT REPRESENTATION OF MIDWIVES ON THE C.M.B.

The Union of Midwives has approached the Lord President of the Council on the subject of the direct representation of midwives on their governing body, stating that the Committee are of opinion that no Bill will be acceptable to midwives that does not lay the foundation for a comprehensive representation of directly elected midwives on the Central Midwives' Board.

Sir Almeric Fitzroy, Clerk to the Council, has informed Miss Macdonald, Secretary of the Union, that "the Lord President is of opinion that no useful purpose would be served by his receiving a deputation from the Union of Midwives" on the question raised in her letter. It is greatly to be regretted that the Lord President has declined to receive a deputation on this vital subject, but it must be remembered that Lord Wolverhampton, in his Amendment Bill, has for the first time ensured the presence of two midwives on the Board.

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XLIV.

## Editorial.

### THE SPIRIT OF THE GREAT PROCESSION.

No one who witnessed the pageant of Friday, last week, as the dead King was carried to his rest, could fail to be impressed by the universal sorrow which was the dominant note of the sad ceremony and which was manifest not only in the bearing of the King as he rode behind the bier of his dead Father, but in that of the humblest of his subjects. The great crowds mourned a friend as well as a King, and the day of national mourning gave but outward expression to the general grief.

No less remarkable was the homage of the world's Kings and Princes who took part in that great procession, and nothing could have demonstrated more forcibly the international goodwill inspired by King Edward VII. in his brief reign than that eight reigning monarchs should have set aside weighty affairs of state in order to pay a personal tribute of respect to the King who had a genius for friendship—a friendship freely extended to the great French and American Republics, as well as to countries governed by constitutional monarchs.

When the glittering procession of the world's Rulers had passed, all eyes turned in sympathy and loyal devotion to the Queen Mother, who with a marvellous courage bore herself as beseemed a daughter of the Danish Vikings. On all sides her sorrow, her endurance, her fortitude, rivetted yet more closely the ties by which she is united to the land of her adoption.

In all the great procession there was no more moving spectacle than that of the King's riderless charger, Kildare, who with drooping head followed the gun-carriage;

and of Caesar, His Majesty's favourite wire-haired terrier, who has been inconsolable for his loss, and who trotted along in charge of Maclean, King Edward's gillie and gun loader, who wore the Stuart tartan. The loyal heart of a dog is untouched by the majesty of sovereignty and owns only as its sovereign the man who can win its affection. No courtier, but brimming over with loyal devotion, Caesar loved and was beloved. Who had a better right to a prominent place in such a procession?

The late King had no more devoted subjects than the trained nurses of the Kingdom, and many hundreds took their places in the crowd to give expression, for the last time, to their loyalty to the dead Sovereign, and many also visited Westminster Hall during the Lying-in-State, when special facilities were given them to obtain access to the Hall by way of Palace Yard. This thoughtfulness for a busy section of workers was greatly appreciated by the trained nurses, and numbers availed themselves of the privilege thus extended.

Amongst the thousands of wreaths sent to Windsor many beautiful ones were sent by hospital nurses and nursing associations, and it will be gratifying to them to know that the names of the senders will be copied and bound up into a special volume, and the thanks of the Queen-Mother will be extended to all.

Friday, May 20th, will abide in the memory of the British people as the day of an ovation worthy of the great Monarch whom it was desired to honour. But far more is it memorable as a day in which King and people, and distinguished visitors of every degree were united by one common sentiment—grief for the loss of a widely-sympathetic and kindly man.

## Medical Matters.

### THE MENTAL FACTOR IN DISEASE.

In his final lecture on "The Mental Factor in Disease," at Guy's Hospital, Dr. Cameron said he thought it would be useful to nurses to discuss the relation that mind and body bear upon each other in disease. The public is quite familiar with the names of common diseases and with the chief organs of the body, and the sensations of the patient are commonly regarded as evidence of organic disease. The physician, as a rule, on the other hand, bases his diagnosis not upon a symptom, but upon the physical signs of disease. A symptom is that which a patient himself feels or suffers, together with all that the physician learns by conversation with him, or generally by observation of him. In eliciting physical signs, on the other hand, the physician brings his trained and practised special senses in order to bear upon the patient—the eye, the hand, the ear, inspection, palpation, percussion, and auscultation.

If the result of this physical examination is negative, generally speaking the conclusion is that the disease is functional, that the symptoms are to be explained by no gross visible disease, but by the over-sensitiveness of the receptive and sensory apparatus of the patient. If, on the other hand, physical signs of disease are found, then the symptoms become full of meaning and importance. A group of symptoms in one place may rightly be regarded as an expression of the exhausted state of the nervous system.

A physician often sees on the same day two patients suffering from heart disease—one who is so insensitive that he can hardly be persuaded of his own disabilities, and the second with a similar condition, who is utterly incapacitated by the same symptoms, yet the physical condition, the real capacity for work, and the expectation of life of these two patients may be the same.

In hospital one often sees the ill effect a sudden or unexpected death will have upon the more sensitive patients; only last month a patient died in one of the wards of heart disease of a sort not usually fatal, a few hours after the death of his neighbour in the next bed, whose case from the first was hopeless.

The effect of the mind upon the body is most obvious in functional disorders, those in which (were a *post-mortem* possible) we should find nothing to account for the variety of symptoms presented during life. These patients are described as hysterical, neurasthenic, and neurotic, and these words are used by the

public without any clear idea of their meaning.

In trying to explain the meaning of these words, "hysteria" and "neurasthenia," it is well to remember that every man and woman has normally in their composition certain elements of hysteria and neurasthenia. The hysterical subject is usually a young woman, although children and men sometimes suffer as well. She comes of a family of highly strung emotional people, who feel pleasures keenly and suffer reverses of fortune correspondingly acutely. At times she is wont to be aggressively happy, and is capable of extraordinary exertion both mental and physical, and at other times she is depressed and irritable, unable to give her mind to any project and exhausted by the slightest exertion. This undisciplined waywardness forms the soil, and the seed which we call "auto-suggestion" flourishes here greatly. If someone shuts a window, such a subject suffers genuinely something of the pain of suffocation. When "auto-suggestion" becomes still more powerful, and produces more striking but similar results, we may use the word "hysteria," a disease with a variety of symptoms, most of which mimic the symptoms of organic disease.

Neurasthenia is comparatively a new word, and means "nerve weakness." Unlike hysteria, with its varied mimicry of diseases, the symptoms of neurasthenia are not varied, although sooner or later pain in this or that situation generally becomes marked. It is the attitude of the mind which is characteristic; such patients are depressed, careworn, and worried, often resentful of examination and sympathy, though obviously miserable. It is an effort to talk, even the voice seems tired, utterly without occupation they allow time to drift, doing silly things not because of any real impairment of reason, but because utterly introspective, they are inattentive to all that is going on around them, and soon the concentration of thought upon their own condition produces its own results, complaints of various aches and pains begin to be made; they are taken from specialist to specialist, and sometimes operations are performed to try and cure the disease, which prove unsuccessful because the symptoms are only the result of an exhausted state of the nervous system, in part the cause of, and in part the result of, general want of nutrition of the whole body.

Weir Mitchell, the American physician, was among the first to appreciate this fundamental fact and to deduce from it that the proper method of cure was to secure rest for the mind and at the same time to restore the nutrition of the body to the place from which it had slipped.

His treatment, as is well known, consists of: Firstly, removing the patient to a new environment and enforcing complete seclusion under the care of a firm but sympathetic nurse.

Secondly, rest in bed for six weeks or two months.

Thirdly, massage and electrical treatment practised daily to take the place of exercise, and to induce appetite and sleep.

Lastly, the diet is generally increased until the body weight of the patient is restored to the normal.

In conclusion, to return to the point from which we started, even in organic disease many of the most distressing symptoms are of the same nature. The degree of suffering of a patient with heart disease, for example, is largely determined by the acuteness of his sensations. The blunted stolid labourer will feel little; others, more delicate, will be nervous, depressed, and miserable, so that opium, which quiets their apprehensions, is at times a more useful drug than digitalis, which increases the power of the heart beat. It is for this reason that nursing can never be mere mechanical work: the nurse, who is the constant companion of the patient, is more important than the doctor with his drugs and stethoscope, for she must coax and entice the patient back to health.

### ZYMOTIC ENTERITIS.

#### ITS SYMPTOMS AND TREATMENT.

In the third lecture on The Care of Infants, delivered at the Infants' Hospital, Vincent Square, S.W., on Tuesday, May 17, Dr. Ralph Vincent took for his subject Zymotic Enteritis, its Symptoms and Treatment. He opened his lecture by referring to the different light which the study of bacteriology and the discoveries by Lister, Pasteur, Koch, and others had thrown on disease of all kinds. He said that in the past week only, an interesting discovery had been made by Dr. R. W. Allen, that it was possible to grow rapidly the tubercle bacillus from the toxin it produced. This organism, as a rule, was difficult to stain, and slow to grow, tending to show that the whole question of tuberculosis turned on the degree of the resistance that it met, as other infective bacilli actually prepared the way for it.

These discoveries were gradually altering our whole ideas, and instead of being at the end of discovery we are only at the beginning of it.

He pointed out in negation of the idea that zymotic enteritis is infective, the points of dissimilarity between it and other infectious diseases. In the latter one suddenly heard of a large number of cases in one town or place.

It would, perhaps, extend consecutively to the next place and so on. In epidemic (so called) diarrhoea the disease attacks infants simultaneously in many towns far apart where obviously contact could not explain it, and infants were found to be immune in the dirtiest and most crowded parts. In the hospital these cases are never isolated, as transference is impossible. Next, organisms in this complaint are never found in the blood or spleen (as, for instance, in enteric), because it is an organism that never gets into the tissues or superficial mucous membranes. But the albuminoid toxins it produces get into the blood stream and produce a state of absolute intoxication. In its worst form it will probably kill the infant whatever is done for it.

The organisms when prepared from putrefying milk closely resemble snake venom, and the prognosis is collapse and rapid death.

The disease very seldom starts in a healthy infant, and something like a revolution must take place in the intestinal tract before it can occur.

It is tremendously associated with acidity and alkalinity, and must be produced by the gradual neutralisation of acid in the alimentary canal. When this becomes alkaline the infant is prepared for the worst type of zymotic enteritis. In the early stages a certain amount of acid is still being made, though there is some sickness and diarrhoea. Suddenly acute symptoms set in, vomiting and diarrhoea. Motions are offensive, and of a rice water character. The child is an ashy grey colour, and suffers from intense thirst. In this state very little can be done. The poison has so thoroughly taken hold that the organs are no longer capable of being stimulated, though at first they appear to respond.

No food at all should be given, as it would be quite impossible for the infant to digest it until in an altogether different condition. Sugar and water is about the best thing, as sugar maintains something like energy, and gives the heart muscle some sort of food, though it does not create structure. Plenty of water to satisfy the thirst, and for the purpose of bathing the tissues to eliminate the poison. The colon may be irrigated with salt water of the strength of ordinary saline solution.

If albumen water is given it should be of the strength of one egg to the pint. Milk should be very carefully edged in between feeds of albumen water and sugar water. Fat, 0.50; whey proteins, 0.25; caseinogen, nil; alkalinity, 10.00. This is supplied by lime water which should be freed of chloride of calcium by washing the lime in three waters, and then thoroughly shaking it up.



## An Interesting Case.

### THE HISTORY OF A PIECE OF GRASS.

"Boys will be boys," we are told when some untoward piece of mischief has occurred, but sometimes these boyish pranks become very costly to the boys' parents, to say nothing of the danger to the life of the boys, as occurred in the following case. For the clearer understanding of this history we will call the boy Tom, it is not his real name, but that doesn't matter.

One day at school Tom was playing "Whoop" in the school garden, and to while away the time was doing what thousands of other school boys have done before him without any serious consequences, nibbling a piece of grass, when a school-fellow running up behind him slapped him on the back, with the result that the grass disappeared down his throat.

This was the history of the case when I was called in the following day to nurse poor Tom, whose temperature has risen to 105.2, with a corresponding rise in pulse (118) and respiration (38), he had vomited the night before, but no trace of the grass could be found.

During the following nine days the temperature rose in the evening, often reaching 104.6, and in the morning dropping to 99.8 or 100; once during each of the first three days he vomited, but nothing but food, which of course was restricted to a milk diet.

The doctor, whilst thinking the illness was the result of the grass, treated him for pneumonia, as there was a decided "spot" on the left lung, and open air treatment was adopted.

On the eleventh day the temperature fell to 99, and with many slight rises during the next three weeks gradually became normal, when it was decided that my services would no longer be required.

Three nights before I left, the temperature again rose to 102, but as the following morning it was normal again, it was thought to be due to some excitement at my leaving; a week before I left I had taken Tom to a seaside town on the east coast as it was thought a more bracing air would bring renewed health.

Four days after I left I was wired for again, in the meantime Tom's temperature had risen, and a specialist from the next town had been called in for consultation, and had diagnosed consumption, and the patient was again placed under the open air treatment.

Then began a very serious struggle for life; poor Tom from a robust, sturdy boy lost flesh so rapidly that he became almost a skeleton. His temperature kept up between 101.8, and

104.8, with rapid pulse and respirations; his breath was most offensive, and a very large amount of pus was coughed up. Specimens of sputum were sent to London for examination; the first time tubercle bacilli were discovered, the second time, which was about a fortnight later, only a very small quantity were traced, the third time, a fortnight later still, only pus was reported.

After eleven days of this severe fight against the great enemy, the temperature dropped to 99.6, but rose again the next day, when there were very evident signs of heart failure, and in the afternoon Tom seriously collapsed. The pulse became very intermittent and thready, and a terrible fear possessed us that we were going to lose in this great struggle; injections of strychnine were then prescribed, and Tom rallied for the moment. The injections were given at first about every eight hours, but very soon they had to be given more frequently, sometimes five times in the 24 hours, as signs of collapse were constant. The temperature during this week (the third after the relapse and the eighth from the beginning of the illness) gradually fell until it twice touched normal, but still it was necessary to administer strychnine three and sometimes four times a day.

During the ninth week the temperature varied from 99.8 to normal; only once did it rise to 101.2, but the heart was still in rather a serious condition as shown by the condition and frequency of the pulse, which fluctuated between 104 with 32 respirations per minute, to 54 and 32 respirations; but gradually the pulse steadied and the strychnine injections were given less frequently, until a few days later they were entirely discontinued.

Diet during these weeks had been a very serious difficulty. Everything possible, such as milk, beaten eggs, Valentine's meat juice, etc., had been tried, but only the very smallest quantities had been taken, especially while the heart had been in such a critical condition. The first signs of a returning appetite—if such it could be called—were hailed with joy when Tom swallowed two teaspoonfuls of a very soft rice pudding, which, being a favourite dish, I had prepared myself, hoping to tempt him.

During all these weeks the amount of pus coughed up had gradually decreased until the doctor said the lung abscess had healed, yet in spite of this the breath remained more or less fetid, so much so at times that very close proximity with my patient became almost unbearable.

By the end of the tenth week, Tom began to show decided signs of returning health, his

temperature, pulse, and respirations all became more normal. Only once were there any alarming symptoms, when toward the end of this week his pulse became intermittent, and he again showed signs of possible collapse, an injection of atrychine was at once administered and the bad place bridged over; then gradually, but very gradually, Tom began to take some interest in life again.

At the beginning of the eleventh week, he began to get up, and the doctor brought his scales and weighed him; his weight was then 4 stone 7 lbs., and he a boy of 13 years!

At the end of the twelfth week he was taken out for the first time in a bath chair; during that week he gained 4 lbs.; the next week 3 lbs., and very slowly resumed his normal weight; but that was not until six or eight weeks later.

Feeding up with all kinds of wholesome nourishing things was the order of the day, with constant fresh air.

His first walk was taken nearly fifteen weeks from the day he swallowed the grass, and on his return his temperature (per rectum) was 99.6, but subsided towards evening; his actual weight was then 5 stone 12 lbs.

For the next three weeks, after any slight exertion, his temperature would rise, but beyond that there were no ill effects, and his progress towards health was steady though slow.

About the seventeenth week he was taken to London to see a specialist, who had been called in to see him twice during his worst days; the morning we started his breath was terribly offensive, and on arriving at Waterloo Station, and getting out of the train, the boy suddenly vomited on to the platform. At once I hastily gathered up the vomited matter for examination, and there, after causing such serious trouble, in fact, almost the death of Tom, was the piece of grass which had been swallowed four months before. On investigation, it proved to be a piece of flowering grass, the stalk was still green, and was about  $1\frac{1}{2}$  to 2 inches long, with several husks; it now resides in the museum of one of the London hospitals.

We continued our journey to the doctor with hearts full of joy and thanksgiving; his prescription was a long stay in Switzerland, where I accompanied my patient and had the great delight of watching his return to complete health and strength.

Once again the sputum was examined for tubercle bacilli, and a guinea pig was injected, but happily without any reaction whatever. All this happened some years ago. To-day Tom is preparing for Sandhurst stronger and healthier

than ever in his life before, as a troublesome throat weakness entirely disappeared as the result of the open air treatment.

Tom's parents estimated that piece of grass cost them altogether nearly £1,000, to say nothing of the terrible worry and anxiety during those never to be forgotten four months.

I. J. M. B.

## Some Further Notes on the Voluntary Aid Scheme of the British Red Cross Society.

By MARY C. FAIR.

Mrs. Netterville Barron's well thought out scheme in connection with the above appears to me in many ways an excellent skeleton plan on which voluntary aid societies may be worked. I should like to emphasise, however, again, the fact that though in towns and large villages there will be no difficulty in obtaining the necessary instruction for the untrained workers, in the remoter, more isolated small country places where very likely in time of war or national stress, the makeshift hospital might be of the utmost value, it is very difficult indeed under existing rules to find means to obtain the teaching especially of nursing. My own opinion is that as far as possible existing machinery should be utilised. Most excellent lectures are given by county council lecturers on home nursing who are usually trained nurses and also trained lecturers. These lectures can be arranged for in any district at a very small cost. Here we charge 2d. a lecture. We have had two lectures out of a course of nine. We are a scattered rural community, seven miles from the railway in a wild mountain district. At the first lecture 41 women were present, at the second 43, and others are coming to the succeeding lectures, many having to come three, four, five, or six miles to do so. The greatest interest is shown, and the lecturer not only expounds the theory of elementary nursing to her audience, but also gives practical demonstrations and a practice class to such as desire it, a privilege eagerly taken advantage of. She is a trained nurse, and also a most excellent teacher who puts forward the points to be learned in a manner very easy to grasp and act upon. Now many, both doctors and nurses, though knowing their own work perfectly, cannot impart their knowledge successfully to others: they have not the gift of teaching. In a country place you may have a capital doctor but an extremely bad teacher, and very likely you have no nurse at all, or at the best,

a cottage nurse with a few months' training, utterly unable to teach. Would it not be a better plan to take advantage of the excellent lecturers provided by the County Councils? After the course of lectures such of the students as would do so could be examined by a St. John's examiner, and, if eligible, receive a certificate of fitness to serve as an untrained nurse in a voluntary aid hospital. The First Aid is a different matter; that, I do think, is best taught by a doctor. Of course, the entire staff of a hospital under the scheme must possess the First Aid Certificate of the St. John's Ambulance; the nurses must have it in addition to their certificate of competency in elementary nursing. I think, too, that in very thinly populated districts, where it is not always possible to raise men to carry a stretcher in emergencies, it is as well that the women, too, should be taught how to load, unload, and carry a patient in a stretcher. I myself can do so.

There is one more point that might with advantage be opened for discussion; that is the aim of a Red Cross Society. It is primarily, of course, to give aid to the sick and wounded in time of war, but I think it should be organised with a view to any national or common emergency, say a great disaster on some colossal scale. The Messina earthquake is an example. Here the Italian Red Cross gave assistance. A big epidemic is another example, say a great outbreak of typhoid or cholera. I do not know what the financial basis of the British Red Cross Society is, but one of the first things to be done is to see that it is a good one—that there are fully adequate funds in capable hands. In time of war it is of no use looking to the military authorities for help or equipment; they have more than enough to do to supply their own forces. The Red Cross must be a body that is self-supporting, that can even at a pinch give aid to the Territorial Hospitals in the way of stores or funds; and to be of the utmost value—the value that it should have—it must have ample funds.

The letter of the "Practical Person" in the BRITISH JOURNAL OF NURSING for May 14th contains a good idea. There must be many retired nurses, who, though under, say 50-55 years of age, are still too old for the Territorial Service. Why should not a roll of such of these ladies who are willing to serve in time of war in a voluntary aid hospital—not necessarily in their own town or village, for there are many little places absolutely without trained nurses where one would have to be supplied—be made?

I would also suggest that the Matron of the

nearest hospital of thirty beds or over should be appointed as an *ex-officio* member of the lay committees of ladies in charge of districts. She would be a most invaluable adviser on the subject of equipment and stores required. These ladies, it must be remembered, will have the task of raising the equipment for the temporary hospitals, and many of them have the very haziest ideas of what is necessary. Trained nurses, unless they have been in the administrative department of a hospital, are not much use here, but a Matron's or Assistant-Matron's advice would save much trouble, and probably waste of money. I put forward these few ideas diffidently, but I do earnestly wish to be of what use I can in this matter of the Red Cross, and other people may be able to set forth improvements thereon or make valuable suggestions. All at present seems a trifle chaotic, but order is being gradually evolved, and it is at this stage that useful suggestions are likely to be helpful.

Miss Mary C. Fair, Eskdale Vicarage, Boot S.O., Cumberland, will be pleased to enter into communication with those who, like herself, are anxious to help the Voluntary Aid Scheme of the British Red Cross Society.

## Sympathy with the Queen Mother.

Lord Goschen presided at a special meeting of the Council of the Queen Victoria's Jubilee Institute for Nurses held at 58, Victoria Street, S.W., last week, when the following resolution of condolence with Queen Alexandra was passed:—

May it please Your Majesty.—The Council of Queen Victoria's Institute for Nursing the Sick Poor, mindful of the active and generous sympathy which Your Majesty has always shown with the work of the Council, and with the efforts of the Queen's Nurses, appointed by yourself to alleviate the suffering of the poor, and to raise the standard of health and happiness in their homes, beg leave, on their own behalf and on behalf of the officers of the institute, and of all the Queen's Nurses, to tender to Your Majesty the humble expression of their profound sympathy and of their sorrow in the irreparable loss which the whole nation has sustained; a loss which is nowhere more deeply mourned than among the suffering poor for whom it is the privilege of your nurses of labour.

At the last monthly meeting of the Dublin St. Lawrence Home, Queen Victoria's Jubilee Institute for Nurses, a resolution of sympathy with Queen Alexandra, the Patron of the Institute, was passed.

## Reply to Open Letter on Registration.

Kneesworth Hall,  
Royston, Herts.

DEAR MADAM X.\*

May I presume that the writer of the open letter to me is a lady, as the letter is anonymous? I thank you for the tone of your letter, so different to many that have appeared attributing to me every sort of evil motive to account for my attitude on this question. I appreciate this. Candidly, it may be silly and weak to admit it, but I do feel it when the opinion, which I honestly hold because I believe that Registration would be bad for nursing and nurses generally, is attributed to some mean and petty motive. Even you are not quite free of this form of suggestion. You say that my attitude is the outcome of prejudice. 'Prejudice! Why should I be prejudiced against any suggestion if I thought it would help nurses or nursing? I dislike alluding to myself, but I will ask you whether my whole hospital life of now 15 years has, or has not, been devoted to raising the standard of nursing, and to improving the condition of their work and surroundings? I know this will sound conceited, and will probably be so described, but your letter is personal, and so perhaps just for once I may claim that what I have tried to do may be considered, and "called in aid."

The first paragraph of your letter is devoted to an attack on the "sham nurse," but you know as well as I do that Registration will not touch the sham nurse. If doctors who engage sham nurses now, if doctors who send patients to nursing homes, where only sham nurses are employed, if these doctors are content now, they will be content then. They are careless now, they will be careless then. True Registration would guarantee that a registered nurse had not been convicted of "grossly transgressing the laws of the land." So far so good, but what a little way it takes us! And look on the other side. Registration would be a "continuing guarantee" of a woman who might be unfit to nurse a guinea pig, let alone a human being. Is this not an evil? The advocates on your side are fond of quoting Lord Crewe, who said this was "a question of national importance," but he also said that he would not think of engaging a nurse simply because she was on a Register. I do not pretend to quote his exact words spoken in the House of Lords, but they were to that effect.

An official Directory of Nurses would distinguish the sham from the trained nurse, and, though not an ideal scheme, would at any rate not have the serious objection that being in the Directory was any guarantee of a nurse's fitness for employment. It would only guarantee that she had had the training and experience opposite to her name.

Once more I thank you for the courtesy of your letter.

Yours faithfully,

SYDNEY HOLLAND.

## Progress of State Registration.

The Lady Helen Munro Ferguson will preside at the annual meeting of the Society for the State Registration of Nurses, on the 2nd of June, and has kindly consented to give a short address. Lady Helen will speak on the inspiring and unceasing efforts for the advancement of nursing of the late President, Miss Isla Stewart, and those who have previously had the privilege of listening to this most eloquent and charming speaker—for without doubt Lady Helen Munro Ferguson is the finest woman speaker in this country—will gratefully appreciate her kindness in accepting the invitation to take the chair upon an occasion which must bring home to many members of the society their irreparable loss.

In the June issue of the *Nineteenth Century and After*, Mrs. Bedford Fenwick has a paper on "The State Registration of Trained Nurses," in which she writes that the efficiency of trained nursing is impaired at the present time by two causes:—

(1) The chaotic condition of nursing education, and, in consequence, the lack of standards and discipline.

(2) The temptation to purveyors of nurses to supply to the public semi-trained persons at highly profitable rates.

### REGISTRATION IN CANADA.

The *Canadian Nurse* announces that "once more the nurses of Ontario, led by the Provincial Graduate Nurses' Association, have sent out circulars on the subject of Registration for Nurses to Alumnae Associations, Hospital Superintendents, Hospital Boards, and all who are interested in the education of nurses, hoping that in the near future the Parliament of Ontario may consider the subject and pass an Act giving Canadian nurses the same privileges and responsibilities that their sister nurses in many other countries enjoy. In the public interest, the consideration of this question should not be longer delayed. We hope that ere long this reform will be accomplished." We hope so, too; we wish our Canadian Sisters all the success they deserve. Every overseas Dominion that grants legal status to trained nurses makes it more difficult to deny them justice at home.

Registration is so burning a question that it is difficult to keep pace with its progress. Space has not been available for the publication of the interesting replies sent from the various States to Miss L. L. Dock's enquiries. We hope to continue the series of letters next week.

\* X is a medical man.—Ed.



## Fever Nurses' Association.

### ANNUAL MEETING

By the courtesy of the Managers of the Metropolitan Asylums' Board the Annual Meeting of the Fever Nurses' Association was held in the Board Room at the Offices of the Board on the Victoria Embankment, on Monday afternoon last. Dr. E. W. Goodall, President of the Association, was in the chair, and was supported by Dr. Foord Caiger, Hon. Treasurer; and Dr. Biernacki and Miss L. A. Morgan, Hon. Secretaries.

### PRESIDENT'S ADDRESS.

In opening the proceedings of the day Dr. Goodall tendered his thanks to the Council, in whom the election of officers is vested, and, through the Council, to the general body of members to whom the Council is responsible, for re-electing him to the presidential chair for another term of office.

### EVENTS OF THE YEAR.

The President said that since the first annual meeting, held just a year ago in that chamber, more than one event of importance to the Association had taken place. Perhaps the most noteworthy was the agreement of various societies in connection with the question of State Registration of Nurses, whereby they had framed one Bill in the place of the three which were being promoted by as many groups. The Fever Nurses' Association was represented at the Conference held early in the present year to discuss the drafting of a Bill, when the representatives of the Council of the Association were listened to most courteously. In the Bill then drafted the delegates of the Association succeeded in getting clauses inserted which afforded a distinct recognition of the value of the training obtained in a fever hospital. "Your representatives," said Dr. Goodall, "were much gratified at the sympathetic reception they received at the hands of the delegates from the other societies, to all of whom our Association owes a debt of gratitude. But our heaviest debt is owed to one to whom it cannot be repaid—the late Matron of St. Bartholomew's Hospital. The Council's report states that 'she took a deep interest in all matters connected with fever nursing.' That was chiefly because she had once been Matron first of a small-pox, and then of a fever hospital, and therefore possessed a personal and intimate acquaintance with the subject, and some of us are proud to remember that these hospitals were institutions, and she was an officer, in the same Service in which we are working to-day."

After referring to the constitution of the permanent Central Registration Committee, under the chairmanship of Lord Ampthill, Dr. Goodall said that as the Fever Nurses' Association had obtained recognition in the Bill it was bound to take an interest in its welfare. He proceeded to say that the Bill, in charge of Mr. Munro Ferguson, had to encounter not only ill luck in the ballot, but also ill will. "We have recently heard," he continued, "and shall hear again in the near future, a great deal of talk about the reform of the House of Lords. I wish we could hear as much about the

reform of the House of Commons, more especially a respect of its methods of procedure. It appears to the ordinary onlooker nothing short of scandalous that a single member should have the power of stopping the progress of a Bill of this kind by the simple but effective process known as 'blocking.' Months of labour, hundreds of pounds of money, may be wasted in a moment without warning, by a single member of the House, who, as often as not, is quite ignorant of the merits of the Measure he has brought to the ground. He may have acted merely to oblige a friend. To the outsider the action appears to be the height of cowardice on the part of the instigator of it, for it is inconceivable that anyone who was not afraid of open discussion should act in so underhand a manner. But discussion in that place is the last thing desired by opponents of this kind."

Dr. Goodall said he had been much surprised to learn recently that an opinion had been expressed in an influential quarter that the passage of this Bill into law would lead to a deterioration in the staffs of fever hospitals, because it leaves without definition the value of a training in fever nursing. There were at least five ways in which a Nurses' Registration Bill could deal with fever training.

(1) It could ignore it, which would be a disastrous calamity. (2) It could go to the other extreme, and admit nurses whose sole qualification was a fever training to the general register, which would be grossly unjust to general trained nurses, and fraught with harm to the public. (3) A separate Register of fever nurses could be instituted, comparable to the Mental Nurses' Register, set up by the present Bill—a proposition embodied in the Bill for the Registration of Nurses in Scotland introduced last year, but the Fever Nurses' Association did not favour the institution of such a Register, because it held it to be, on the whole, detrimental to the public interest. (4) Fever nursing could be treated as worthy of recognition as an addition to general training—the attitude of the present Bill towards it. Dr. Goodall said he had no hesitation in asserting that the inscription of the proposed Bill upon the Statute Book would improve the nursing in fever hospitals. (5) A Registration Bill could provide a place for fever training by means of reciprocal training—i.e., the recognition of the special fever course as part of general training, which was not discountenanced in the Registration Bill. Only two of these methods, that of reciprocal training, and the recognition of the additional qualification, were worthy of consideration, and the latter was at the present time the more feasible.

### THE ASSOCIATION'S SCHEME OF TRAINING.

Dr. Goodall then referred to the gratification of the Council that the Association's scheme of training had been adopted by so many important authorities throughout the kingdom which have large fever hospitals under their control. He looked forward to beneficial results from the adoption of the scheme.

He then specially addressed the junior nurse members of the Association, and pointed out the importance of their work in hospitals which were

not only "isolation" but "isolated," to which patients were removed against their will, and in which, as three-quarters of the patients were children under ten years of age, they were too young or too ignorant to complain, still less to criticise. The members of the fever hospital who came most in contact with the public—i.e., the patient and his friends, were the nurses, beginning with the ambulance nurse, and their management was more judged by the nursing staff than by any other means, a fact which it had taken some authorities a long time to find out. Let nurses remember the tradition of their calling, which was as high, if not higher, than that of any other.

#### ANNUAL REPORT OF THE COUNCIL.

The Council reported that 729 nurses had now been registered by the Association. It detailed the policy of the Association in regard to State Registration of Trained Nurses, and put on record the kind support the delegates of the Association to the Central Registration Committee had received from the late Miss Isla Stewart, who was a member of the Association.

It also reported that the Association's scheme of training, which has as its basis a syllabus of lectures, and a schedule of ward work, has now been adopted by the following hospitals:—The Metropolitan Asylums' Board's Hospitals for acute cases, the City Hospital, Edinburgh, the City Fever Hospital, Leeds, the City Fever Hospital, Sheffield, the Fever Hospitals at Southampton, Norwich, Willesden, Brighton, Sunderland, East Ham, Ilford, Greenock, Paisley, and Plaistow. Joint training between general and fever hospitals was referred to as one of the objects of the Association.

#### REPORT OF HON. TREASURER.

Dr. Foord Caiger presented a very satisfactory balance-sheet, showing a balance of over £75. Dr. Caiger said, however, that at present the headings of expenditure were not very numerous, but as the superannuation age of nurses was fixed at 65 it was a question whether in the future there might not be scope for a Benevolent Fund to provide nurses with crutches or false teeth during the last ten or fifteen years of their service! Dr. Caiger also referred to his obligation to Miss Morgan for the way in which the books had been kept.

#### OFFICERS AND NEW MEMBERS OF COUNCIL.

The officers elected by the Council, on April 25th for the ensuing year were as follows:—*President*, Dr. Goodall; *Vice-Presidents*, Dr. Brownlee, Dr. Cuff, Dr. Pearson, Miss Bann, Mrs. Doran, Miss Drakard, and Miss Carson Rae; *Hon. Treasurer and Chairman of Executive and Education Committees*, Dr. Foord Caiger; *Hon. Secretaries*, Dr. Bieracki and Miss Morgan; *Hon. Registrar*, Miss B. Scott.

The following ladies and gentlemen were elected at the meeting to fill the vacant seats on the Council:—Dr. J. Bieracki, Dr. R. M. Bruce, Dr. J. B. Byles, Dr. J. C. Clarke, Dr. H. Lister, Dr. J. T. Kitchin, Miss C. L. Burton, Mrs. F. E. M. Day, Miss A. E. Lewis, Miss L. A. Morgan, Miss Knott, and Miss Jessie Stewart.

The meeting concluded with votes of thanks to the officers, after which tea and coffee were served.

## The Isla Stewart Memorial.

The first meeting of the Isla Stewart Memorial Committee was held at St. Bartholomew's Hospital, on Saturday, 21st inst.

Upon the proposal of Miss Cox-Davies, Mrs. Bedford Fenwick was unanimously elected Chairman of the Committee.

Mrs. Andrews, who is kindly acting as Secretary *pro tem.*, reported replies from the majority of Leagues and Societies, accepting representation on the Committee, and from others stating that the matter would be considered at the next meeting of their committees.

Opinion was apparently unanimous that the National Memorial should be of an educational character, and that its ultimate aim should be the organisation of a Post Graduate Course for Matrons in the Teaching and Supervision in Training Schools for Nurses, and in the General Administration in Training Schools and Hospitals.

Mrs. Fenwick pointed out that at present no such post graduate teaching was available in England, but that such a course had been endowed through the munificence of Mrs. Helen Hartley Jenkins, at Teachers' College, Columbia University, New York, in co-operation with the American Society of Superintendents of Training Schools for Nurses, and that the curriculum had been inaugurated under the Director of the Department of Nursing and Health, Professor M. Adelaide Nutting, R.N.

Miss Cox-Davies proposed that no time be lost in inaugurating the Memorial to Miss Isla Stewart, that pending the full organisation of the Committee when an appeal for funds would be made to place the National Memorial on a sound financial basis, the members of the League of St. Bartholomew's Hospital Nurses should be asked to subscribe a sufficient sum to meet the expenses of an "Isla Stewart Scholar," to be selected from those trained at St. Bartholomew's Hospital, to be entered as a student at Teachers' College next September for the one year's term of instruction in Nurses' Education, for which a certificate is given, with residence at Whittier Hall, which adjoins the College. The estimated cost of the entire expenses of such a scholar was £160.

This suggestion was enthusiastically agreed to, and Mrs. Andrews was directed to write to Miss Nutting for full particulars of the course, and it was agreed that the matter should be brought before the annual meeting of the League on June 25th next.

Mrs. Fenwick pointed out that the knowledge of such a scholar would be of the utmost use in organising such a course for matrons in England, and that, moreover, the time was rapidly approaching when, under the Nurses' Registration Act, such knowledge would be invaluable for teachers and inspectors of nursing—a new, and she hoped a well paid, branch of work for trained nurses which the organisation of nursing as a profession under statutory authority would make obligatory.

An Hon. Secretary was nominated subject to her consent to act.

Miss Cutler, Assistant Matron, Nurses Home, St. Bartholomew's, kindly consented to receive donations towards the cost of the "Isla Stewart Scholar" scheme, the whole sum for which, we feel sure, will soon be subscribed.

Sister Agnes Karl, President of the International Council of Nurses, has most kindly sent from Berlin 10s. to the funds of the Society for State Registration of Trained Nurses, in memory of Miss Isla Stewart, and £1 towards the Isla Stewart Memorial Fund. We all appreciate her sympathy.

## Appointments.

### MATRONS.

**Home of Recovery, Hunstanton.**—Miss M. H. Sherlock has been appointed Matron of the Home of Recovery, Hunstanton, the Convalescent Home attached to Addenbrooke's Hospital, Cambridge. Miss Sherlock has been a Ward Sister at the Leicester Infirmary for twenty-four years, and Secretary to the Leicester Infirmary Nurses' League since its formation in 1903. We congratulate Miss Sherlock, better known, perhaps, as Sister Helena, on her appointment, but it will be difficult to picture the Leicester Infirmary without one who for so many years has taken an intimate part both in the work of the institution and in the public work for the betterment of her profession. In her new post she will, we do not doubt, continue the unselfish work for the public good which has been characteristic of her in the past.

**Lowestoft Hospital.**—Miss A. M. Timbrell has been appointed Matron. She was trained at Guy's Hospital, London.

**Cottage Hospital, Abingdon.**—Miss Horspool has been appointed Matron. She was trained at Guy's Hospital, S.E., and has held the position of Nurse at the Downs Infirmary, Sutton, Surrey.

**Monkwearmouth and Southwick Hospital, Sunderland.**—Miss Margaret A. Ranson has been appointed Matron. She was trained at the Royal Infirmary, Newcastle-on-Tyne, and at the City Hospital in the same place, and has held the position of Night Sister and Housekeeping Sister at the Royal Infirmary, Newcastle-on-Tyne; and of Housekeeping Sister at the Royal Infirmary, Bradford.

### ASSISTANT MATRON.

**The Birmingham Royal Institution for the Blind.**—Miss Ethel A. Knight has been appointed Assistant Matron. She was trained at the Rochford Infirmary, and has since been nurse at the Mildmay House, Torquay, and Assistant Matron at Sandwell Hall, West Bromwich.

### SISTERS.

**Blackburn and East Lancashire Infirmary.**—Miss Jessie McGuffoy has been appointed Sister of the Men's Medical Ward. She was trained at the Royal Infirmary, Liverpool, where she has been Theatre Sister, and has done four years' private nursing for the same institution.

**St. Luke's Hospital, Halifax.**—Miss Jennie Paterson has been appointed Sister. She was trained at St.

Luke's Hospital, Halifax, and has held the position of Holiday Staff Nurse at the Children's Hospital, Glasgow. She is a certified midwife.

**Victoria Hospital, Folkestone.**—Miss Eugenie Smith has been appointed Sister. She was trained at the General Hospital, Nottingham, and has held the positions of Sister at the Royal Buckingham Hospital; Charge Nurse under the Metropolitan Asylums Board; and Night Sister at the Infants' Hospital, Vincent Square, S.W.

**Royal Hospital, Sheffield.**—Miss N. Greenwood has been appointed Sister. She was trained at the Royal Hospital, Sheffield, and the Lodge Moor Fever Hospital in the same city.

### NIGHT SUPERINTENDENT.

**Royal Asylum, Perth.**—Miss Isabelle Fraser has been appointed Night Superintendent. She was trained at the Royal Asylum, Aberdeen, and has held the position of Charge Nurse at the Royal Infirmary, Montrose, and of Assistant Matron at the District Asylum, Inverness.

### DISTRICT NURSE.

**District Nursing Association, Old Hill.**—Miss Agnes B. Sanderson has been appointed District Nurse. She was trained at the General Hospital, Leith.

### QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

**Transfers and Appointments.**—Miss Elizabeth Barlow, to Darwen, as Senior Nurse; Miss Mary Parkinson, to Burnley; Miss Emily Ridsdale, to Nantwich; Miss Rhoda Christey, to Bridgewater; Miss Katherine Hyde, to Kingston; Miss Teresa Giblin, to Torquay.

### EXAMINATIONS.

The final examination of nurses at the Central London Sick Asylum, Hendon, has just been held, the examiner being Mr. A. J. Pepper, M.S. All the candidates were successful in passing the examination.

Their names are as follows:—Miss B. Heath, Miss J. Brazier, Miss G. M. Rapson, Mr. R. Butler, Miss E. Mumby, Miss A. S. Cruickshank, Miss S. E. Bates, Miss M. Johnston, Miss N. Dalton, Miss J. Hind, Miss M. Pearce, Miss M. Anderson.

### THE ASYLUM WORKERS' ASSOCIATION.

#### GOLD AND SILVER MEDALS.

The Executive Committee of the Asylum Workers' Association have awarded the gold and silver medals of the Association, given for long and meritorious service, for the year 1910, to the following members:—

#### GOLD.

Att. B. Thomas, Joint Counties Asylum, Carmarthen.

Nurse A. Fraser (Matron), Robben Island, South Africa.

#### SILVER.

Att. E. W. Fraser, Isle of Man Asylum.

Nurse E. Ashfield, Colney Hatch Asylum.

These medals are being presented as we go to press by the President, Sir William J. Collins, M.D., M.P., at the annual general meeting, at 11, Chandos Street, Cavendish Square, W.



## Nursing Echoes.



On the occasion of the funeral of King Edward the Governors of St. George's Hospital (of which institution his late Majesty was patron), having in respectful and grateful remembrance the gracious and active interest which his late Majesty was pleased to take in all hospitals and desiring to mark their loyal sympathy with King George, decided to invite representatives of the larger voluntary London hospitals to be present at Hyde Park Corner during the Procession and at the Memorial Service in the Hospital Chapel after. The Chairman, Secretary, Matron, and two representatives of the nursing staffs received invitations which were in many instances accepted with great pleasure.

Miss McCall Anderson, the Matron, with the help of her sister, welcomed the guests with the utmost cordiality, at about 7.30 a.m., when tea and coffee were served. After the passing of the Procession, luncheon was provided, and a corps of neat nurses who were stationed in the hall, guided the guests to the wards where many were greatly interested in the good work of the hospital. We think this hospitality was a very happy thought, and it was greatly appreciated, especially by Matrons and nurses.

By the kindness and courtesy of the Committee of the General Hospital, Birmingham, a meeting of the Matrons' Council of Great Britain and Ireland will be held at that fine institution in July. Miss Musson, the Matron, and Miss Mollett, have the arrangements in hand, and it is hoped that the members will have the pleasure of meeting Matrons from the surrounding hospitals, and of interesting them in the work of the Council. This promises to be an unusually interesting gathering, and we hope it may be an incentive to the authorities

of other important hospitals to give the Council the privilege of visiting such institutions, where much is to be seen and admired.

We have pleasure in presenting to our readers the accompanying portrait of Mrs. Klosz, R.N., the Editor of *The Nursing Journal of India*. Mrs. Klosz was trained at the Johns Hopkins Hospital, Baltimore, U.S.A., and is registered in the state of Maryland. She is also a member of the British Society for the State Registration of Trained Nurses, which she joined, not from any hope of personal benefit, but in order to help on the good work. Mrs. Klosz at present lives at Akola, C.P., India, and by undertaking the position of Editor of *The Nursing Journal of India* recently—a journal which promises to be of great benefit to nurses in India—has given fresh proof of her desire to serve her profession.



Mrs. W. H. KLOSZ, R.N.,  
Editor of "*The Nursing Journal of India*."

Miss Stansfeld, inspector to the Local Government Board, after three inspections, has made a report on the nursing arrangements at the Mile End Infirmary, which, in her opinion, are urgently in need of re-organisation. Miss Stansfeld states:—

"I was not satisfied as to the methods of ward administration and nursing, or that the nurses had a sufficient acquaintance with the principles of surgical cleanliness. The ward sisters or charge nurses have all received their training at the Mile End Infirmary, and have had no experience of nursing outside its walls. I feel sure that the nursing at this infirmary has suffered from this cause. Many of the probationers are not educationally fitted to profit by the instruction in such studies as anatomy, physiology, and the theory of nursing. Also, I regret to say, I have evidence of a very unsatisfactory tone among them. As a staff they have little respect for authority, and are always at variance among themselves."

Miss Stansfeld is of opinion that the staff is numerically insufficient, and states that she observed patients who need the most careful skilled nursing instead of the hurried attendance which is all that is possible at present. She adds, on the information of the assistant medical officer, that the morning washing of



the patients and the bed-making frequently begins at one a.m. to enable the nurse to get round. She describes the Matron as the only untrained Matron of a metropolitan infirmary. The officers concerned, who have commented on this report, admit the accuracy of some of the statements, but say that the washing of patients at one a.m. refers to those who need changing.

The Matron has, we believe, held this position for many years, and was appointed at a time when untrained Matrons were frequently appointed. We may suggest that she might reasonably be pensioned by the guardians.

There have been frequent resignations of nurses and other officers, and, at the request of the Local Government Board the whole question is being considered by the Guardians.

A feeble old lady, named Catherine Bridle (74), was charged at Westminster with begging at Belgrave Road. Interest attached to the defendant in consequence of her statement that she was a nurse in the Crimean campaign. It was stated by the police that defendant was in receipt of an old age pension. Mr. Francis: If I convict her she will lose it. Constable: Yes, sir. Mr. Francis: Then I won't do that. She is an old lady. "Don't come again," he added.

We wonder if her statement that she was a nurse in the Crimea was true? Poor old dear! No doubt whatever her work has been—it has been so badly paid that she could not save a penny for old age. At their present rate of remuneration village and cottage nurses and midwives will find themselves swelling the ranks of those who starve, or eat unpalatable pauper fare when working days are done.

Sir Archibald and Lady Campbell of Succoth kindly entertained about 50 members of the nursing staff of the Stobhill Hospital, Glasgow, in their beautiful grounds, on Saturday last. The weather was charming, and a very pleasant afternoon was spent.

The American Society of Superintendents of Training Schools for Nurses celebrated on May 19th the 50th anniversary of the founding of the first training school for nurses in London with a great meeting at Carnegie Hall, New York. The proceedings included numerous tributes to Miss Florence Nightingale, whom Mr. Choate, ex-Ambassador to Great Britain, pronounced to be "one of the great heroines of the race."

Addresses were also given by the Bishop of New York, Professor Fairfield Osborn, President of the American Museum of Natural History, and Dr. W. M. Polk, Dean of Cornell University.

## Reflections.

### FROM A BOARD ROOM MIRROR.

Mr. Cosmo Bonsor, the popular Treasurer of Guy's Hospital, has been elected President for the year of the British Hospitals Association. The objects of the Association are the consideration of all subjects in connection with hospital management. It is hoped to hold an annual conference. The Secretary of the Royal Free Hospital, Mr. Conrad Thies, has been elected Treasurer of the Association, whilst the joint Honorary Secretaries appointed are Mr. A. William West, Treasurer and Chairman of St. George's Hospital, and Dr. D. J. Mackintosh, M.V.O., the Medical Superintendent of the Western Infirmary at Glasgow.

Mr. F. Tendron, of Tunbridge Wells, has left to charitable institutions specific bequests to the amount of £6,500 and the residue of his estate, which will apparently amount to about £35,000, equally between the London Hospital, the Tunbridge Wells General Hospital, and the Society for the Relief of the Distressed.

The late Dr. Stanley Atkinson, a much respected member of the Central Midwives' Board, has left £5,000 to be distributed as follows:—£4,000 to the Congregational Schools at Caterham; £500 to the Congregational School at Milton Mount, Gravesend; £500 to ten (or more) deserving persons connected with the Congregational Chapel at Latimer Road, Stepney.

The Chief Commissioner of Metropolitan Police has issued the following communication on the ambulance work accomplished during the Lying-in-State and Funeral Procession of the late King:—"The St. John Ambulance Association supplied ambulances at thirty-five stations along the line of route, and the Church Nursing and Ambulance Brigade of Women and Girls supplied six. In addition there was a stretcher bearer section of the 25th Batn. County of London Regiment. Owing to the heat and the long wait all these stations were kept fully employed on the 20th inst. The Commissioner of Police desires to express to these Associations his grateful thanks for the invaluable aid they rendered, not only on this day, but also on Tuesday, Wednesday, and Thursday of the Lying-in-State. It should be added that beyond these civilian stations the Military Ambulance Corps rendered substantial aid to all comers; and to them also the thanks of the public are due."

The following are the returns of the St. John Ambulance Brigade for May 20th:—

Total number of all ranks on duty, 1,163.

Total number of cases treated, 6,014.

The stations at which the largest number of casualties were treated are as follows:—Apsley Gate, 645; the Mall, opposite Marlborough Yard, 593; Jernyn Street, 348; in the Green Park, opposite Half Moon Street, 304; Seymour Street, Edgware Road, 270; Grosvenor Road, 230; Horse Guards Avenue, 253; and Marble Arch, 250. Of these cases 20 were removed to hospital.

## Nursing in Canada.

Every effort is being made by philanthropic societies to induce trained nurses to emigrate to Canada, on the ground that their services are much needed in the West of the Dominion. It is true that there are many districts where the services of a trained nurse are urgently needed, but there is no certainty of adequate remuneration, and we cannot too strongly impress upon nurses the importance of securing appointments at salaries, upon which they can live, before emigrating.

A nurse who neglects this advice will probably find that the only means open to her of making a living, while waiting to establish a professional connection, is by doing housework, and housework in Western Canada means hard work such as few English servants would be willing to undertake.

Miss L. K. Beynon, dealing with the question of the demand for nurses in Canada, in *The Lady*, takes the same view, and says:—

"Those who wish to come to Canada at once must be prepared to do housework until they can get established in some small town or thickly-settled country district. . . . The nurses must arrange for themselves and not blame the country if they do not find work immediately on arrival at Winnipeg." . . . "I might, however, add that the country is somewhat to blame, for as yet the nurses in Western Canada have no system of registration to keep the standard up, and shut out those who profess to have had complete training when they are the veriest amateurs, and should not be classed among professionals at all. However, the fight for registration and a higher standard is now going on, and the time is probably not far distant when the nurses of Western Canada will have adequate protection and a reasonable standard."

Miss F. Wilson, Lady Superintendent of the Winnipeg General Hospital Training School for Nurses, writing to us on this subject, says that she receives during the year a large number of letters from graduates of the Old Country inquiring about coming to Canada to carry on their work. In the course of her letter, Miss Wilson makes the following admirably practical suggestion:—

"I think it would be so much better for those who wish to nurse in Canada to train here, as they would be much better equipped for the different conditions to be met with in this country by doing so, and I would strongly advise those who are planning to nurse in Canada to consider the advisability of training here. There are good openings for graduate nurses throughout the West, but naturally the doctors prefer nurses trained in Canada. I would be pleased to consider any good applications from those who wish to train in the West, and enter the Winnipeg General Hospital

Training School, if they communicate with me. We require well educated, refined women, over 22 and under 34 years of age, with a certificate of health from a physician, and also a certificate from their clergyman as to character. Our pupils receive instruction in medical and surgical nursing, obstetrics, infectious diseases, district nursing, dietetics, and cooking, and the course is three years, including probation term of two months."

We should advise those who wish to qualify for nursing in Canada to communicate with Miss Wilson.

## Aspasia in Cap and Apron.

*John Bull* is a paper which as a rule circulates more widely amongst men than women, but we advise all nurses to read this paper weekly while the discussion on Nursing Homes which began in the issue of May 14th is continued. Those who have for so long been working for State Registration of Trained Nurses will find in these articles ample justification for their contention, while surely the most obstinate anti-registrationist must reconsider his or her position. Nurses know that these articles contain a plain unvarnished statement of facts, and that for the sake alike of patients, nurses, and reputable Nursing Homes, it is imperative that immediate action should be taken to secure the registration of trained nurses, and the inspection and registration of Nursing Homes.

### MANY NURSING HOMES LITTLE BETTER THAN BROTHELS.

A nurse in an article in the above *Journal* of May 14th writes that "For the sake of the great general public the time has come when it is imperative that the question as to the respectability or otherwise of many West End Nursing Homes should be threshed out."

She further states that she is in a position to prove that many of these Homes are "little better than brothels."

Referring to the question of State Registration of Nurses, the writer rightly points out that it is "opposed merely by a tiny but determined group, who see in such a measure a threat to their own hitherto despotic control of nursing affairs."

She proceeds to show that the life of a private nurse is always unnatural, and "if work is always too hard, pay nearly always too low, and rational amusement reduced almost to the level of the non-existent, it ought to be recognised as ridiculous to expect a high moral tone. That in spite of such conditions among the vast body of professional nurses serious crime is unknown is a high tribute to the innate morality of womanhood in the face of direct incentive to the reverse. Their opportunities and temptations are perhaps unique. That because of bad conditions the less conscientious and the morally weak gain recreation at a fearful price can hardly be a matter for surprise, and it is on this weakness that the proprietors of certain Nursing Homes trade. Be that as it may, there is a growing feeling among well-to-do people

against these institutions, and the volume of scandalous tales which roll forth whenever they are mentioned makes one's ears tingle even to think of."

Of one West-End Institution it is reported that "This Home is known for the fact that 'in turn or out, it was always the younger and prettier nurses who were, if possible, put on duty with, or sent away to attend, male patients, and the whole place is a hot-bed of scandal, bad management, and consequent notoriety.'"

Under the heading, "A Widespread System of Social Vice and Infamy," the subject is further discussed in the issue of May 21st, where we read:—

"It is now evident that under the titles of 'Nursing Homes,' 'Homes of Rest,' 'Massage Institutes,' etc., there is in London a vast network of establishments catering for the gratification of the most depraved and abandoned forms of vice and infamy," a statement which is amply supported by evidence. The articles are to be continued in subsequent issues, and we commend them to the attention of the hospital world.

#### THE NURSING PROFESSION AND THE WHITE SLAVE TRAFFIC.

Confirmatory evidence of the conditions whereby so-called nursing and massage homes are in reality nets spread wide in the interest of the White Slave Traffic is to be found in a series of papers reprinted from *M.A.P.* in a sixpenny booklet entitled "The White Slave Traffic," published at 17 and 18, Henrietta Street, W.C. Every nurse should spend sixpence on this booklet and read especially the chapter on the above subject. We agree with the writer that "it is particularly abominable when advantage is taken of medical terms and professional titles to cloak the most hideous malpractices."

In this article massage establishments are more particularly dealt with, and young women are warned as to the real nature of many of these places.

The editorial remarks of the *Practitioner* on the subject of veiled advertisements are here quoted:—

"The action of the local authorities in driving Aspasia and her more shameless followers from off the public streets has led, amongst other devices, to a system of disguise. Hence it happens that, included among the advertisements of nursing homes and institutions for massage, etc., are advertisements of places where Aspasia revels supreme. . . . It is intolerable that Aspasia should adopt as a disguise one of the noblest callings to which her purer sisters can devote themselves."

This, the article continues, is the indictment of a medical journal, and every right-minded man or woman will agree that this abuse of a nurse's uniform must cease. As the result of a recent prosecution it transpired that the so-called nurses in one of these establishments drew the princely salary of ten shillings weekly each. Anything more they made for themselves as they could. The woman in charge of the house was paid a considerable sum for the treatment she was to supply, and which, of course, was duly supplied by her poor slaves. In this particular instance the

line had been over-stepped, and the attendants were kept in a semi-nude condition, hence the police intervention.

We have directed attention to these appalling conditions because publicity is the surest method of grappling with the evil. Further, the article referred to points out the necessity for the registration of nurses by the State, and draws attention to Lord Amphil's Bill. It claims that the effect of such a Bill would be as much for the protection of nurses as of the public, and declares: "Were a Bill on these lines passed into law there would be an end to the scandal of the massage establishment, an end to the spurious nurse, and an end to the procuress—for that is what she really is—who, by means of alluringly-worded advertisements, attracts young girls to a doom in comparison with which the streets are as nothing. No more detestable or atrocious misuse of the nurses' uniform can be imagined. . . . It is high time that the medical authorities looked to guarding with greater jealousy the honour of their sister profession."

#### THE PURE-FOOD EXHIBITION.

The Pure Food and Allied Trades Exhibition, which opened on Monday at the Royal Horticultural Hall, Westminster, and is remaining open throughout the week is the first of its kind held in this country, but it should have a steadily increasing popularity, not only because of the attractive exhibits, but that the public may know what to avoid in the way of faked and unwholesome foods. For instance, after practical illustration of the methods by which some cocoas are adulterated by such substances as ochre, sulphate of lime, and red lead, they will turn with relief to the one exhibited by the Frame Food Co., Ltd., Standen Road, Southfields, S.W., which is guaranteed pure.

Again coffee is adulterated with such nauseous material as ground, scorched, and dried livers, probably of an unclean character; potted meats are spiced to conceal the flavour of decomposition; and fillets of haddock may be a cheap variety of fish. *dryd.* No description of the way faked food is produced, however, can make the same impression as a sight of the ingredients used. Our readers should see them for themselves.

#### A DESERVING CHARITY.

A Bazaar in aid of the Rebuilding Fund of the Hospital for Women, Soho Square, W., was held in the new building on Tuesday and Wednesday of this week. The new wards were utilised for this purpose, and it is manifest that when they are opened to patients they will be bright, airy, and spacious, with a pleasant outlook over the green square.

Energetic stallholders offered many attractive wares for sale, the provision stall, the flower stall, and one devoted to baskets of many kinds being extremely attractive. The nursing staff of the hospital had a miscellaneous stall, where many dainty articles had a ready sale. An afternoon concert on Wednesday, and a cinematograph entertainment on both days were great attractions, and we hope a substantial sum will be realised for this deserving charity.



## Outside the Gates.

### WOMEN.



will be Problems of Child Life and Educational Ideals.

The Women's National Health Association of Great Britain is being organised much on the lines of the National Health Society. It aims to arrange health lectures for women—more particularly young wives and mothers—throughout London and the provinces on such subjects as the following: Feeding and rearing of children; Value of food-stuffs; Sick room cookery; Value of open air; Care of the teeth; Alcohol and its relation to health; Dust and disease; How to assist sanitary inspectors and health officers; Improved lavatory accommodation; Maternity clubs; The care of mothers before and after confinement; Crèches; What a girl should know about her health; and to introduce personally into the homes of the country the practical details of personal and domestic hygiene.

At the free public meeting in support of Votes for Women, to be held at the Queen's Hall on June 6th, at 3 o'clock, Mr. Mansell Moullin, Consulting Surgeon to the London Hospital, will speak. No doubt many nurses will be present. We are always thankful to note a medical man with the courage of his opinions on this most important of all questions.

The Women's Life Society of Liverpool desire to "register a protest against the grounds upon which the present inequality in respect of misconduct has been defended" before the Royal Commission on Divorce by certain witnesses. It has, therefore, addressed a letter in which it calls attention to this matter which virtually concerns the moral and legal status of women in respect of divorce to Lord Gorell, Chairman, and to Lady Frances Balfour, and Mrs. H. J. Tennant, members of the Commission.

The letter argues:—

- (1) That no sanction for such views is to be found in the whole of the literature touching on marriage.
- (2) That the attempt to estimate the injury caused by misconduct of either of the parties misses "the moral and social problem involved—namely, the well-being of the family and child life as conditioned by the moral and physical health of the parents." Only within the pale of monogamic marriage is parentage legitimate, and immoral conduct on the part of one parent is an injury, not

only to the other, but to the offspring and to the whole fabric of social life."

(3) How far misconduct may be regarded as accidental must be regarded in the light of the "question as to with whom such 'accidental' misconduct is likely to take place. Misconduct with a pure woman would imply a very deliberate and sedulously pursued intention; with an immoral one a choice of company which . . . cannot be held consistent with due regard for the rights of the wife, or family, or of society. Along the paths of dalliance 'accidents' belong to the category of high probabilities."

(4) "As to whether the maintenance of a separate establishment by a man would be consistent with the affection due to his wife, an offer of marriage carrying with it provision for such a condition would, by the overwhelming majority of women, be rejected with scorn."

## Book of the Week.

"OLIVIA L. CAREW."

"She is the funniest, primmest little thing you ever saw. . . but she is awfully pretty by the way. . . She knows how to dress herself for one thing. . . Here's this child now as crude and raw as a Nonconformist savage, if you'll excuse the apparent absurdity. Yet put her in favourable growing circumstances, and I believe she would end by astonishing us. At the moment she is just a stilted little prig. . . All the same, she interests me. I wonder what you'll think of her?"

Carew thought her the loveliest little creature he had ever seen.

Her little pronouncements were delivered with such an air of finality, her statements were so positive, her self-possession so assured, that in fancy he saw the American flag streaming behind the fair head with all that the spangled banner expressed of independence, coolness, and self-confidence.

Dick Carew, wildly enamoured of her, proposes after an acquaintance of a few days, and, in spite of her assertion that "Marriage would hinder her career" (though she has not made up her mind what it is to be), persuades her to accept him.

Dick has the soul and temperament of an artist, and Olivia as yet has only the conventional outlook of a prim schoolgirl, whose affections have never been awakened.

"She was by training and still more by nature a rigid puritan in morals and manners." Her cold and repellent attitude to him after their marriage estranges his affection, and in Siena, where he has taken her, they drift apart, he finding a more congenial companion in Sylvia Carnegie, an old acquaintance.

"Sylvia has the gift of eternal youth," was the comment of one of her friends. "One day we shall wake up with astonishment, and find she is an old woman. But she will never be middle aged."

Together they revel in picture galleries, and delight in the Cathedral, while Olivia is vexing herself about doing the "right thing" in sight-seeing.

\* By Netta Syrett. (Chatto and Windus).



"The streets seem very narrow," observed Olivia. "and exceedingly dirty," glancing at her tiny, slender shoes. "But I suppose they are interesting monuments? Historical buildings, and so on?"

"Frightfully historical," returned Sylvia, laughing. "Do have a tomato sandwich."

"Can you get me a list of books I ought to get?" pursued Olivia, fixing her grave eyes upon her hostess. "I have Baedeker, of course, but I want to study the place from an historical point of view."

Olivia in her turn finds, as she imagines, a kindred spirit in Hugh Alison, a novelist of some repute, who, attracted by her beauty, and amused by her unconscious pedantry, flatters her into believing that she possesses literary talent, and half in idleness and half in earnest succeeds in fascinating her for the time being, and awakening her imagination.

Up to this point the book is, for the most part, pleasant reading, and it is a pity that a disagreeable element should be introduced into it, for poor little Olivia falls an easy prey.

"Olivia sat with down-bent head, her thoughts whirling fantastically, grotesquely. Dick? But Dick was gone for ever. So vividly that his very voice rang in her ears. She remembered incoherent little phrases of his. And now there was another man who would say the same things, she supposed. And by this time she had learnt that it wasn't wrong to listen. If it were true she could only learn that way? But then she was a married woman." This is the prelude to a sordid intrigue of which Hugh Alison very quickly tires. It is altogether unworthy of the undoubted talent of the authoress. One must feel regret that the pen that can sketch so charmingly "the things that are lovely" should be used for any other purpose. In some subtle way we are made to feel that evil is called good and good evil—when necessary.

The *liaison* between Hugh and Olivia is not defended, for the simple reason that it did not succeed. But of Sylvia's contemplated union with Dick, her friend Mary, quite a normal married woman, remarks: "I am sure Sylvia will be very happy. I wish it were all different and simpler. But I am glad all the same."

These situations seem to have an attraction for Miss Syrett, for in another otherwise charming book of hers, about an otherwise charming woman, "Ann Page," we remember that, though for no apparent reason, she chose to dispense with the marriage ceremony, she was surrounded with a sort of halo.

This easy immorality, though not exactly recommended, or even approved, is accepted comfortably by apparently quite respectable people, in a manner that is profoundly disagreeable, and the volume that we opened with pleasurable anticipation we close with distaste, and a sense of promise unfulfilled.

H. H.

## Coming Events.

*May 27th.*—Queen Victoria's Jubilee Institute. Conference of representatives of affiliated Associations. Caxton Hall, Westminster.

*May 28th.*—The Lord Mayor opens new Nurses' Home. City of London Asylum, Stone, near Dartford.

*May 31st.*—The Rural Midwives' Association. Seventh Annual Meeting. 3, Grosvenor Place, S.W., by kind permission of the Lady Esther Smith. H. J. Tennant, Esq., M.P., in the chair. 3 p.m.

*May 31st.*—The Infants' Hospital, S.W. A Course of Lectures on Babies. V.—Clinical Cases illustrative of various diseases and their treatment." By Dr. Ralph Vincent. Lecture Theatre, 5 p.m.

*June 2nd.*—The Society for State Registration of Trained Nurses. Annual Meeting. Chair, The Lady Helen Munro Ferguson. 11, Chandos Street, Cavendish Square, W., 4 p.m.

*June 2nd.*—The Lord Mayor presides at a Meeting to inaugurate the Jubilee of British Home and Hospital for Incurables, Streatham, Mansion House.

*June 7th.*—Territorial Force Nursing Service, City and County of London. Mansion House. Executive Committee, 3 p.m. Special Meeting, Grand Committee, 4 p.m.

### THE WOMEN'S CONGRESS.

*June 6th to 11th.*—Japan-British Exhibition. Great Hall, Cascade Café.

*June 6th and 7th.*—"The Co-operation of Women in Local Government."

*June 8th.*—"A University Standard in Home Science."

*June 9th.*—"Woman's Suffrage" and "The Woman's Charter."

*June 10th.*—"National Health."

*June 11th.*—"Nursing." Chair, Her Grace the Duchess of Montrose. Red Cross Organisation: Sir Frederick Treves. The Trained Nurse's Sphere in Red Cross Work: Mrs. Netterville Barron. Territorial Nursing: Miss Haldane. Nursing as a Profession: Mrs. Bedford Fenwick. Social Service Nursing: Miss H. L. Pearse.

*June 12th.*—Hospital Sunday.

*June 18th* (postponed from May 28th).—Procession of Women Suffragists from the Embankment to Albert Hall, organised by the Women's National Social and Political Union.

## Word for the Week.

### EARTHLY SORROWS TRANSIENT.

Then let the woes  
And joys of earth be to the deathless soul  
Like the swept dew-drop from the eagle's  
wing,  
When, waking in his strength, he sunward  
soars.

SIGOURNEY.

## Letters to the Editor.



Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

### AN EMERGENCY RESOLUTION.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—I do hope that at our annual meeting, on June 2nd, some resolution will be passed dissociating pure-minded and decent trained nurses from the fraudulent and immoral women—wearing our uniform for vicious purposes—on the streets and in Massage Homes! As a private nurse I am constantly made to feel the suspicion and contempt of the general public for "trained nurses." If the Government delay much longer to treat well-trained, honourable women justly, and withhold from us legal status and a legal title, no self-respecting women will become trained nurses. The present condition of affairs, as exposed in the press, is a scandalous shame, and a gross injury to our work, and an abominable public danger. Would it be possible to place our case before the new King and Queen, as the Government refuses to do justice to so deserving a body of workers for the community as trained nurses are?

Yours truly,  
MEMBER, STATE REGISTRATION SOCIETY.

[An Emergency Resolution will be placed on the agenda for discussion at the annual meeting of the Society for the State Registration of Trained Nurses. We have this week heard of two ladies who intended to enter hospitals for training who have cancelled their agreements on the ground that they do not care to be classed with prostitutes.—Ed.]

### MALE MIDWIVES.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—I hope that any Amendment to the Midwives' Act will contain a clear provision that it is illegal for anyone, man or woman, to practice midwifery except a registered medical practitioner or a certified midwife. Why should an ignorant man be allowed to deliver a woman when it is illegal for an ignorant woman to do so, or at all events a woman who has not proved her right to be on the Midwives' Roll. It was surely a great oversight in the Act that men should have unrestricted licence to practise, while women must henceforth give evidence of knowledge, and be brought under supervision and inspection. It may be the law, but it is not justice. I cannot but think that if the attention of the Lord President of the Council were drawn to this danger to lying-in women and injustice to midwives that a clause would be introduced into his Bill, as could easily be done, making men and women midwives equal

before the law. If a poor woman is to be attended by an ignorant person at all, let it be a woman and not a man. A woman may attend a sister woman from kindly feeling; an unqualified man surely does so only with the object of money-making, and it is about as unnatural and repulsive a piece of avarice as can well be imagined.

Faithfully yours,  
AN INDIGNANT MIDWIFE.

### THE HUMANE SLAUGHTERING OF ANIMALS.

To the Editor of the "British Journal of Nursing."

MADAM,—It may not be generally known by the inhabitants of Great Britain that they are the only civilised people in the world without a comprehensive abattoir system, and that in London and the provinces, for the most part, the killing of animals designed for meat is still carried on exclusively under antiquated methods, though the advantages of the public over the private slaughter-house have been repeatedly demonstrated by recognised authorities, official and otherwise.

It is many years since the late Professor Newman publicly protested against the cruelties practised on animals in private slaughter-houses, and the Rev. Canon Barnett, Sir Benjamin Ward Richardson, Mr. H. F. Lester, of the Humanitarian League, and other social reformers, called attention in the press to the dangers to health and morals caused by the presence of butchers' shambles in the crowded centres of the Metropolis and other large towns.

The following important recommendation occurs in the Report of the Admiralty Commission appointed by the last Conservative Government to consider the humane slaughtering of animals: "That, in the interests, not only of humanity, but of sanitation, order, and ultimate economy, it is highly desirable that, where circumstances permit, private slaughter-houses should be replaced by public abattoirs, and that no killing should be permitted except in the latter, under official supervision."

When we compare the methods of the Danish people, for instance, as illustrated by their system of slaughtering and veterinary inspection at Copenhagen, with our old, "inhuman, and insanitary methods" of private butchery, we may cease to be surprised at the rapid spread of cancer and tuberculosis in our midst. The example of Denmark should be a powerful lesson in humanity and progress to the people of the British Isles.

HUMANITARIAN.

## Comments and Replies.

A Foreign Nurse.—Apply to Mrs. Wilson, Swedish Clinique and Massage School, 16, York Place, Baker Street, W. It is necessary to be extremely circumspect in applying for training in this branch, and we have pleasure in recommending the above institution.

### OUR PUZZLE PRIZE.

Rules for competing for the Pictorial Puzzle Prize will be found on Advertisement page xii.

# The Midwife.

## Direct Representation of Midwives on the Midwives' Board.

By MRS. LAWSON,

President of the National Association of Midwives.

In 1902, for the first time, Parliament stepped in to regulate the Midwifery Profession; previously midwives managed their own work in their own way, and trained in the institutes of their own choosing. Regulations were undoubtedly necessary as a safeguard to the general public, and also, we believe, to the real interest of our profession, if properly framed and administered. With regulations, as such, we have no quarrel, but as individuals and as a profession we do keenly feel the injustice of being denied a voice in the counsels of the administrative bodies. The regulations would have been of a far different character had a strong national body of midwives existed with power to elect one or more of their members—*working midwives*—to represent their views on the C.M.B.

It may be contended that midwives would look after their own interests only, and take a selfish attitude generally, but we have the interests of general public at heart; but if this was feared, why give another—a rival interest—so much representation, and with no more guarantee for their greater solicitude concerning the public safety?

Far more logical would it be to have barred the whole professional interest, whether doctor or midwife, and have left to outsiders the task of regulation.

Take some of the regulations:—

1. Breech cases. Take breech cases in primipare. Although we know the treatment is to leave to nature, we are compelled to send for a medical man. Whatever may be said as to the need for an untrained woman to do this, surely it is not necessary for the trained midwife.

2. Ophthalmia Neonatorum. Different treatment is meted out to the midwife and medical man. A midwife is, *under penalty*, to report such cases, but in a good many districts a medical man has a small fee for reporting the same.

3. Compulsory notification of rise of temperature. In my district the medical man has a fee for this; the midwife is suspended. If in a rise of temperature disinfection is necessary, should it not be doubly so for the medical

man, considering he has so much other infectious work to do. If it is necessary for the well-being of the community that the midwife should be disinfected, why not apply the same regulation to the medical man, and so remove the feeling amongst patients that it is only the incompetence of the midwife that has occasioned this?

Medical practitioners not under supervision themselves, etc.

4. Records, etc. Payment for compulsory notification by medical practitioner, penalty for failure to notify same to the midwife; why not apply the same rule to all?

In so many cases there is preferential treatment. Why? Because the whole administration is in the hands of a rival interest, which not only dominates the Central Midwives' Board but all the Local Supervising Authorities through the country.

Take the composition of the Central Midwives' Board:—Appointed by Lord President of the Council, a medical man, a woman *not* a midwife; Royal College of Surgeons, a medical man; Society of Apothecaries, a medical man; Incorporated Midwives' Institute, a medical man; Association of County Councils, a lawyer; Queen Victoria Jubilee Nurses, a woman *not a practising midwife*; Royal British Nurses' Association, a woman *not a midwife*.

So you see the midwives of the country were not taken into account at all when representation was given.

Now take the composition of the Supervising Authority of my own district:—

The Lord Mayor.

Twelve Councillors, of whom *three are doctors*.

Four co-opted members, *all doctors*.

The Medical Officer of Health and the Supervisor, again *both doctors*.

So, you see, here the preponderance of opinion is medical, as the lay person is always liable to be influenced by a professional element.

Note the new proposals. We claim that we should have a fair share of representation before the medical interest gets additional strength.

The Bill to amend the Midwives' Act, introduced by the Lord President of the Council, provides that the Central Midwives' Board shall consist of two persons to be appointed by the Lord President of the Council (one as



woman), one person by the Local Government Board, four duly qualified medical practitioners, two certified midwives (one to be appointed by the Incorporated Midwives' Institute and one by the Royal British Nurses' Association), four persons appointed, one by the County Councils' Association, one by the Association of Municipal Corporations, one by the Society of Medical Officers of Health, and one by the Queen Victoria Jubilee Institute.

Is this fair to our profession? We feel most strongly that it is grossly unfair. We know it is quite natural for bodies appointing representatives to choose a medical man on the ground that he has expert knowledge; but whilst we admit that it is fair that the medical interest should have a certain amount of representation on these grounds, we urge that it is absolutely wrong for us to have none at all. Remember that every action of the C.M.B. deals with matters vitally affecting our daily work and the means whereby we gain our livelihood, and where almost with a stroke of the pen this means can be taken from us, for which we have worked and paid and spent the greater part often of our lives in developing.

I wish to state that I have no feeling against medical men and women, for I number some of them amongst my best friends; they have looked after their own interests, good luck to them. I wish the midwife had been only half as wise.

In many working class districts the interests of the doctor and midwife often clash; a case lost to one is a gain to the other. As a working man's wife under present-day conditions cannot afford to purchase the services of a doctor and a trained nurse, naturally the midwife has to fulfil the functions of both.

There is a fair competition to which all must submit, but it is an unfair competition which gives one interest power to regulate the other. Is it sufficiently realised that in giving this amount of power to the medical side of the profession we are also giving them a power to protect and safeguard their own interests to the limitation of ours? For this power of administration includes not only the power to say how we shall do our work, but also determines what amount of training we shall receive. It is to their interest that this training should be limited as far as possible.

The 1902 Act intended us to be useful to the community, but as our powers are curtailed and our training limited by the ruling of the medical interest the intentions of the Act are practically frustrated. Therefore until the fullest training can be obtained and opportunity for development provided the intentions

of the Act will be still further obstructed by shutting out the more highly educated and intelligent women, who would otherwise be attracted to the profession.

The system of supervision is wrong to my mind as long as the midwife is not taken into the confidence of the administrative bodies. It is always "you must do this" or "you must do that" *under penalty*. What do we get as a result of these methods? Is it possible to get the best results from any body who are continually coerced? Coercion does not tend to develop the best side of human nature. Even the most careless can rise to a sense of responsibility if properly dealt with. I contend that by giving the midwife a proper share of representation, taking her into the confidence of the administrative bodies, and securing her advice and assistance, much good will result.

As a first step towards better training and development we urge the direct representation of midwives on the C.M.B. By this we mean a *working* midwife—the mere fact of a woman holding a midwifery certificate does not qualify her to represent the *working* midwives who are *affected*, as she is not, by the regulations—who shall be elected by her fellow midwives to represent the views that have been properly discussed within their common council.

Before the advent of the National Association this point was completely overlooked, and we still strongly maintain our conviction that the appointment of a working midwife on the Central Midwives' Board and Local Supervising Committees is the only means of securing a proper administration of the Act, viz., fair competition between the rival interests and complete guarantee for the safety and well being of those important members of the community, the mothers of the nation.

We claim to have the interests of the mothers and children at heart as deeply and sincerely as any other man or woman in the country. We come in close touch with women at times when they need all the confidence, help, and courage with which we can inspire them. We know what complete trust is placed in us—we know the difficult cases with which we are called upon to deal, and we know that the issues of life and death are in our hands. For this, and because of this, we demand a voice, a share in shaping our destiny. We know better than any other what we need to make us fit, confident, and strong, to render us capable of fulfilling the duties entrusted to our care. We midwives disclaim the right of any, be they who they may, to say that they have the well being of the mothers of the nation more at heart than we.



## Opening of Leeds Maternity Hospital.

Leeds new Maternity Hospital was formally opened at noon on May 23rd. The sun shone, while the soft breezes brought welcome coolness. Overhead was a blue sky, and even the smoke from industrial Leeds did not ascend to Hyde Terrace, where the new hospital is situated.

Many kind friends of the hospital were seated on the balcony at the side of the hospital. In the centre of a group of nurses, in neat out-door uniform, was Miss Edwards, the newly-appointed Matron, in a navy-blue uniform dress and becoming white cap.

The Lord Mayor occupied the chair, and the Dedication Service was conducted by the Lord Bishop of Ripon and the Vicar of Leeds, the whole audience joining in the sweet singing of "Now Thank We All Our God."

Mrs. Robert Hudson, the Hon. Secretary, read the President's address, in which the opening of the first maternity hospital in Leeds, four years ago, was referred to, and the good work done in a small way was described, as the hospital contained but sixteen beds.

Over one thousand cases have been treated by the Maternity Hospital, many of these being external cases attended by the district midwife.

A word of thanks was given to the honorary workers, who investigated all cases, visited the hospital, and collected funds; to the honorary medical staff for their skill and kindness, and to the nursing staff for their efficient services.

Thirty midwives have been trained at the old Maternity Hospital, and have gained the C.M.B. certificate, while twenty-three nurses have been given the hospital certificate as monthly nurses. The present building, with the grounds attached, was presented to Leeds for the purpose of a maternity hospital. It has been altered and fitted up at the cost of £7,000, and now contains sixty beds in all, thirty-three of these being available for patients, the others being for the staff, both nursing and domestic.

£5,000 has already been subscribed, and the Committee asked for another £5,000, so as to start with a small sum in hand.

The address then dealt with the future of the hospital, and its twofold aims—viz., to save life and preserve health; to train nurses and midwives for work principally in the West Riding of Yorkshire.

The Committee were happy in having secured Miss Edwards, of the Liverpool Maternity Hospital, as Matron, and Miss Moor, of the Rotunda Hospital, Dublin, as Assistant Matron, and an adequate staff of nurses.

A word of praise was accorded to the Misses Marsh, and especially to Miss Caroline Marsh, who had been an indefatigable worker.

The Mayor followed with a happy little speech, and called upon Mrs. Kendal to open the hospital. Thereupon Mrs. Kendal, charming as ever,

stepped to the front of the platform and said, in a loud, sweet voice: "I formally announce the Leeds Maternity Hospital to be now open." She then went on to say how pleased she was to be there at the beginning of such an institution, "started by those in the sunshine for those in the shadows of life." She knew that the mothers would appreciate the kindness and skill shown them in their dark day. She hoped that all the babies who should first see the light in Leeds Maternity Hospital would grow up to be good citizens.

Mrs. Kendal spoke very feelingly about the whole world being at present in mourning, and said how glad she was that this opening ceremony had not been postponed, because she was sure that its object was one which would appeal to the Queen Mother even in the midst of her sorrow. Mrs. Kendal went on to tell of Queen Mary's sympathy for the little ones, and of her numerous visits to the slums of East Lambeth.

The speaker ended by describing herself as a "working woman," and her own contribution to the hospital as a "tiny gift." She then presented to the hospital a large framed picture of the Queen Mother, and also one of Queen Mary, with the hope that these might be the first pictures to adorn the walls of the new Maternity Hospital.

Mrs. Kendal was warmly thanked for her services and charming speech, and the hospital was characterised as an "Institution for the service of God and of woman."

Mrs. Bickersteth, who moved a vote of thanks to the Lord Mayor and Lady Mayoress, dwelt on the educational value of such an institution to the poor mothers, and on the privilege of supporting such a charity.

As the company were about to separate Mrs. Kendal called for three cheers for Queen Mary, which were heartily given. The singing of the National Anthem then brought the morning's programme to a close.

MACK ALL.

### OPHTHALMIA NEONATORUM.

The Council of the British Medical Association states in its annual report, published in the Supplement to the *British Medical Journal*, that it has adopted the following recommendations of the Ophthalmia Neonatorum Committee, and taken the necessary action to carry them into effect.

(a) That the Local Government Board be urged to take all steps in its power with a view to ophthalmia neonatorum being made compulsorily notifiable, and that the Divisions of the Association be requested to urge this upon the Local Authorities.

(b) That the Divisions of the Association be urged to use every effort to secure the carrying out of the suggestions contained in paragraphs (b), (c), (d), and (f) of the Recommendations as finally approved.

(c) That representations be made to the Central Midwives' Board and Privy Council, by deputation if necessary, that the presence of purulent vaginal discharges should be included by the rules of the Midwives' Board among the conditions for which medical help should be summoned.

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XLIV.

## Editorial.

### WOMEN'S WORK OF NO VALUE.

The bestowal of the Matronship of St. Bartholomew's Hospital upon an applicant holding an inferior certificate shows how negligible a quantity is women's work—the work which the late Matron and generations of Bart.'s nurses have loyally given to that school, proud of its high standards, its efficiency, its honour. They have built up its reputation with care, until to hold a Bart.'s certificate is equivalent to holding a foremost position in the nursing world.

And what is now the position of that nursing school—the value of its certificate? By the action of the authorities the school is condemned, the certificate degraded—for surely if the election committee had considered that one of its certificated pupils was capable of superintending the school, the most elementary sense of justice would have prevented them from appointing a stranger; and if, in the last thirty years the school has not been able to train one nurse capable of assuming its direction, the Governors should ask, as the outside world is asking, to the detriment of the certificate, and the prestige of Bart.'s nurses, "What is wrong with the training at St. Bartholomew's Hospital?"

The recent appointment is one of the strongest arguments which could possibly be advanced in favour of the State Registration of Trained Nurses. It was wisely said by the late Miss Louisa Stevenson, "Without the firm foundation of the Parliamentary franchise for women, there is no permanence for any advance gained by them." So, until a standard of nursing education is defined, there is no security that in a few minutes a committee of laymen may not destroy the prestige of a certificate

which it has taken many years to establish—a prestige which has, it must be remembered, a definite commercial as well as professional value.

We do not assume that the authorities of St. Bartholomew's Hospital have, of malice prepense, injured the reputation of their nursing school and done its pupils this injury. They are evidently ignorant of the value of women's work, and do not appreciate that to the hospital, as well as to individual nurses, the reputation of its school is important. In the case of medical appointments they are restricted to the consideration of applications from registered medical practitioners, the fact of whose registration denotes the attainment of a professional standard decided by the heads of the medical profession. Nursing education, in spite of the strenuous efforts of trained nurses to secure legislation regulating their profession, is still in a chaotic condition, and the soundness of the training of any school, therefore, depends largely upon the conscientious determination of a Matron that the nurses trained under her authority shall have an efficient practical instruction before being sent out to the public as thoroughly qualified. How high a standard has been maintained at St. Bartholomew's under the late Matron all the world knows! What is the guarantee of its permanence? None! The lesson for all nurses to take to heart is that without the foundation of a definite standard of nursing education, defined under State authority, there is no security that the fruit of long years of work may not be wrested from them. Those who desire to belittle that work will leave no stone unturned to prevent their attaining registration, for reasons which are sufficiently apparent. The moral, therefore, is to redouble the efforts already made to secure it.

## Medical Matters.

### THE PRODUCTION AND MODIFICATION OF PURE COWS' MILK.

On Tuesday, May 24th, at the Infants' Hospital, S.W., Dr. Ralph Vincent gave his fourth lecture, his subject being The Production and Modification of Pure Cows' Milk.

He began by describing the cow sheds at the special farm of the hospital at Sevenoaks. The floors are of concrete, and there are no drains inside the sheds, but all impurities are, by means of gulleys, conveyed to the drains outside. The sheds are fitted with hydrants, by means of which they are flushed twice a day, immediately before the cows enter to be milked, the object being that the walls and floors being wet it is impossible for dust from them to settle in the milk. Fodder is prepared before the cows enter. The sheds are carefully ventilated, and there is plenty of light. The animals only enter these for milking purposes, and never at any other times, and while it is not considered advisable to have the cows out night and day, on account of the cold, which affects the supply of milk, they are sheltered when necessary in very large sheds roughly covered in. The floors are of chalk firmly pressed, as it is found that concrete is too hard, and produces sore feet and knees.

As to the feeding, all the ordinary "milk producers," such as cotton cake, oil cake, brewers' grains, are strictly forbidden. Hay, oats, bean meal, bran, and mangels are given, with a sufficient supply of grass, but the cows are fed immediately before being turned out to prevent too much green food being consumed. Thus a balanced ration is arrived at.

The process of milking is carried out with strict attention to sterilisation. The product from each cow is weighed and taken at once to the milk rooms, and placed in the separator. So soon as it is separated it is passed over the cooler, and in a very few minutes the temperature of the milk is reduced to 43 degs. or even 37 degs., at which temperature organisms cannot develop. It is then sent a distance of 30 miles in churns with double covers, which are sealed. In the transit the temperature is never found to have risen more than two degrees.

The thing to aim at in substitute feeding is to secure the same qualities as in natural food, and no artificial product should be allowed to enter the milk. Mother's milk goes direct to the offspring, and while everything connected with milk or milking is to be thoroughly sterilised, the milk itself must be left untouched. There is no use for cooked milk.

In the case of children of very poor parents,

it is, of course, impossible to carry out these elaborate directions and prescriptions, but the principle of the thing can be carried out by using as far as it can be procured pure raw milk to start upon and to make what is known as fat whey. As a rule, in the making of whey, the precipitate catches the greater part of the fat, but if the following directions are carried out, the difficulty will be overcome.

Put one pint of cold milk into a jug, add to it about four drops of very strong rennin, place the jug in a saucepan of cold water, and slowly warm the milk to a temperature of 100 degrees. All the time stir with a spoon to prevent the fat from catching in the curd, the spoon also keeps the curd down, and by excluding the curd all other elements are pressed closer together. This is the production of fat whey.

Milk may be added cautiously to the whey as the infant is able to take it, starting with the proportions of whey six parts, of milk one part, and very gradually increasing the milk as observation dictates. These simple directions for substitute feeding of infants should be of great value to those nurses who minister to the poor in their own homes.

### HOSPITALS IN SHIPS AT SEA.

There has reached us, says the *Lancet*, in the reports of the International Medical Congress held at Budapest, a very interesting paper on the Hospital Establishment of Passenger Ships by Dr. Dupuy and Dr. Villejean. They give us excellent plans of the hospital establishments on board French ships of all kinds, from the sailing schooner *Notre Dame du Salut*, hospital ship for the fishermen of St. Pierre and Newfoundland, to the *Loire*, with her large accommodation for sick convicts, and the extensive range of hospital cabins in the new ships *La France* and *La Plata*. In their latest plan, that of the hospitals in *La Plata*, one of a group of four ships, we find 20 beds for women, 22 for men, besides an isolation hospital with 10 beds for men and 8 for women—all on the upper deck, and apparently at the fore-end of the superstructure, while on the deck above the medical officer has his consulting-room which in emergency can be used for an operating-room. Besides all this, most recent French ships seem to have one or two cabins for lunatics. Dr. Dupuy and Dr. Villejean have made a thorough and most careful study of the whole question, as is shown by the tale of the improvements they desire, including a special operating room, a mortuary, also to serve as post-mortem room, and a bacteriological laboratory.



## Clinical Notes on Some Common Ailments.

### GASTRIC ULCERATION.

By A. KNYVETT GORDON, M.B. (Cantab.).

In considering the subject of anæmia, we saw that in women who suffer from that disease, a certain amount of indigestion was not only not uncommon, but might be said to be an almost invariable accompaniment of their condition. We noted, too, that while the indigestion aggravated the anæmia, the anæmia also of itself produced dyspepsia, in that the blood going to the stomach was of poorer quality than in the healthy subject.

As a rule, if the anæmia and the dyspepsia receive attention—and it is very necessary to treat both, and not the anæmia only—the appetite improves and the patient recovers from her gastric troubles as the quality of the blood is altered, and no serious disease of the stomach remains.

But this is not always the case; there comes a time in the course of the anæmia when the stomach, instead of merely acting badly, becomes the site of disease, and very serious disease, too. In order to understand what happens then we must go back for a moment and consider the physiology of digestion as it occurs in healthy people.

When the food passes into the stomach it meets with the gastric juice, which is composed mainly of weak hydrochloric acid and a ferment called pepsin, the object of which is to convert the insoluble proteids in the food into soluble peptones. This juice is poured out from the mouths of numerous little glands which together make up the lining of the stomach or mucous membrane, as it is sometimes called. Below this mucosa is a little loose tissue containing blood vessels which carry blood to the glands, and deeper still is a thick layer of muscle which serves to keep the stomach moving during digestion. Outside this again is the thin coating of peritoneum, which covers the stomach and intestines.

Now, if we examine the stomach of a man who has been dead for a day or two, we find that all or nearly all the mucosa has disappeared, because it has been digested by the gastric juice still remaining in the glands. Why, then, does this not occur while the patient is alive? Obviously because, while the blood is circulating, there is something in it which prevents the gastric juice having any effect on the glands themselves, and, in point of fact, this something is a weak alkali, which

serves to protect the mucosa from the action of the acid in the gastric juice.

Now, we saw that in anæmia the circulating blood was of poor quality because it was deficient in iron, but this is not all; it is also apt to coagulate or clot while it is still in the vessels. The effect of this is obviously to cause the death of those glands which were formerly supplied by the obstructed vessel, and the patch thus affected is soon digested, so that an ulcer is produced.

But in practice the ulceration does not always stop sharply at the mucous membrane; it may go deeper and attack one of the blood vessels running in the next layer, so that a quantity of blood is shed into the stomach itself, or it may penetrate further still into the muscle and ultimately make a hole in the peritoneum, so that the contents of the stomach escape into the general peritoneal cavity, and set up a train of symptoms there.

Now, let us come back to the patient. What are the signs which show us that the simple indigestion of anæmia has passed into the very grave condition of gastric ulcer?

Firstly, there is a change in the character of the pain; in ulceration, this is usually intense and limited to a spot at the pit of the stomach, though it may be felt also in the form of a dull aching at one or other side and radiating round to the back when the ulcer is at the back of the stomach; it occurs directly after food, and is often accompanied by vomiting. It has always, incidentally, puzzled me why so many young women—I am not thinking just now especially of nurses—go on with their usual occupation while they are suffering from acute pain and sickness after every meal, and do not seek advice; often, of course, it is because they are afraid of losing their occupation, but in many this is not the case, and some women seem to tolerate almost any degree of pain in the stomach after food without complaining. Another symptom is vomiting after meals, but as this is followed by a cessation of the pain, the sickness again is often not taken very seriously. The tongue is usually large, pale, flabby, and indented by the teeth at the sides, but may be in acute cases small and red. Inasmuch as the patient either vomits her food, or else digests it incompletely, she soon loses flesh, and ultimately feels so weak that she is compelled to give in.

At any stage in the illness the most characteristic symptom of gastric ulcer may appear—namely, vomiting of blood. Usually a large quantity is brought up, so that the patient becomes faint or may lose consciousness completely: more rarely, however, the blood is



vomited in smaller quantities, and may then be thought to have come from the lungs; when the bowels are moved the blood appears in the stools in the form of a black tarry mass.

Or the complaint may even be ignored until the ulceration has penetrated right through the stomach wall, and perforation, as it is called, occurs. Here there is sudden intense pain in the abdomen, with collapse, cold extremities, a small, quick pulse, and rigidity of the abdominal wall; later on, unless prompt treatment is secured, peritonitis sets in, as shown by vomiting, swelling of the abdomen from the presence of free fluid in the abdominal cavity, rigors, tenderness of the abdominal wall, and ultimately death from septicæmia or blood poisoning. As the pain of perforation almost always becomes easier when peritonitis (or rather effusion of pus into the peritoneal cavity) supervenes, the patient often thinks she is better, and does not seek relief, but it is the merciful ease which is so often the precursor of death in dangerous illness.

Gastric ulcers, however, do not always perforate, and it often happens that the attack is followed by recovery for a short time, but the pain after food continues, and the patient passes into a condition of intractable dyspepsia, which is often due to the parts round the ulcer becoming matted together by adhesions, so that the stomach is, as it were, tied into knots and bound down to neighbouring organs so that it cannot move properly. Or if the ulcer is near the outlet of the stomach, this may become narrowed, and the stomach then stretches behind the obstruction until it becomes a thin walled sac in which the food lies and putrefies until the accumulations of three or four meals are vomited, and the patient feels better until the stomach fills up again.

What are we to do for our patient? This depends largely on the time at which she gives in, for in the early stage, when there is pain and sickness only, it is usually possible to cure her by rest, appropriate diet, and treatment by drugs. Firstly, it is a great advantage, even in apparently mild cases, to start by confining the patient to bed and insisting on the provision of a trained nurse, who will be sympathetic but absolutely rigid in restricting the patient to the prescribed diet, the essential feature of which is that the food should be given in very small quantities and frequently, so that the patient never satisfies her hunger. The food should be fluid only, and if the patient can take milk this will suffice, but, if not, albumen water, whey, and so on may have to be substituted; the bowels are opened freely by saline aperients and preparations of bismuth with alkalies are given before the food. A gradual change is

subsequently made to a solid diet and the normal mode of life, and when the stomach can digest ordinary food the anæmia is treated by whatever preparation of iron is found to agree best with the particular patient.

But if hæmatemesis (vomiting of blood) occurs, the patient must be kept flat in bed and all food by the mouth withheld; nutrient enemata will now be necessary, and the thirst which always follows a loss of blood must be combated by the administration of large quantities of salt solution by the rectum, and I need hardly add that it depends very much on the skill of the nurse whether the rectal injections of food and fluid are retained or not; without the presence of a trained nurse, feeding by the rectum is impossible.

If perforation occurs, the only possible treatment lies in prompt opening of the abdomen and suturing of the ulcer, with drainage of the peritoneal cavity for a few days.

Apart, however, from this now well recognised necessity for surgical intervention, much good can often be done in intractable ulceration of the stomach (when perforation has not occurred) by the operation of gastro-enterostomy, which consists in the making of openings in the stomach and the upper part of the intestine and sewing the margins of each hole together, so that the food and secretions pass straight from the stomach into the intestine without irritating the ulcerated surface; at the same time any adhesions interfering with the movement of the stomach can be dealt with also, but there is no doubt that were patients with indigestion to present themselves for treatment earlier than they usually do, the necessity for surgical procedures would often be obviated.

#### TREATMENT OF INJURIES OF THE HEART.

Mr. J. Bland Sutton, in a lecture on the treatment of injuries of the heart, delivered at the Middlesex Hospital, and reported in the *British Medical Journal*, said that severe injuries to the heart are still as fatal as formerly because life is destroyed so quickly that surgery has no chance; punctured wounds of the heart leading to hæmo-pericardium are submitted to surgical treatment with fair prospect of success, and if there be no concurrent wound of the pleura the chances of success are great. The method of saving life in such circumstances may be definitely formulated; it consists in exposing the pericardium by fashioning an osteoplastic flap from the chest wall and turning it to one side so as to expose the pericardium; then, in opening this membrane and exposing the heart, finding the wound, and closing it by means of sutures.

## Do Nurses Talk Shop—A Protest.

Every month or so one of the lay papers lamentingly alleges that nurses habitually talk "shop." If that is not adding insult to injury, I don't know what is. Does there live a nurse who has not been bored to tears through patients or their friends talking of diseases? Most people have an idea that it is immoral for a nurse to think, much less talk, of anything under the sun but the illnesses of their patients. Every little ache or pain they have ever felt since the day they were weaned is, or should be, of absorbing interest to the nurse; all their waking hours are devoted to giving her a full, true, and particular account of these aches and pains, and when they have finished they begin at the beginning and go through them all again. If the supply of personal harrowing details runs out, they tell her of everything that has ever happened to their friends, or even to their cats, dogs, or horses.

Last summer I was nursing the son of an old colonel, who had an idea that I ought to enjoy myself, and insisted upon my joining his guests at a garden party. At first I refused, because I had only uniform, but he said that did not matter in the least, for the uniform was so pretty; so in the end I had to give in. In the garden he introduced me to a very pretty widow, who entertained me with a full, detailed account of her late husband's last illness.

He had Bright's disease! Fancy discussing Bright's disease in a lovely garden, blazing with flowers! I tried to get away from her, tried to make her interested in the flowers, the tennis players, the pretty dresses, and the blue mountains shimmering in the distant haze, but all to no purpose. She would talk of nothing but what the nurse said, what the doctor said, what her husband said and felt, and her own feelings. When she could think of no more distressing details, she wanted to know if I thought anything more could have been done for him, and was surprised to find that I did not know the nurses she had, even by name, although they came from London.

At this juncture the dear old Colonel came to tell us that tea was ready, and I managed to steal away while he was finding her a comfortable seat. The Colonel sent a youth of some twenty tennis seasons to see that I had all I wanted. He, having brought up a strong detachment of strawberries, cream, and cakes, proceeded to put out of sight a very good tea. I nobly followed his example. "Now," thought I, "we can't talk diseases." But, alas, I was mistaken!

"Ripping place, this," said the youth.

"Beautiful," said I. "I don't wonder that people used to worship the mountains. Are they not grand, from here?"

"Yes, they are. Do you climb?"

"No, I don't care for paths smaller than a pony track."

"Oh, I don't call that climbing. Last week I was up on that point which you can just see to the left of the big cedar tree. It is a great height, and very stiff climbing. There was a chap killed up there, and I wanted to see the place where he came to grief. They had removed his body, but there was all the blood fresh upon the rocks." And he helped himself to more strawberries.

I felt sick, and the grand mountains began to look terrible, but I was determined to think of life and sunshine, so asked if he had seen the Colonel's new motor.

"Yes, rather," said he; "it's a clincher. Do you like motoring?"

"Very much indeed," said I, "especially in such a hilly district as this. It would be cruel to drive here, the hills are so steep."

"I quite agree with you. Have you ever been in a spill?"

"No, thanks be, and hope I never shall be."

"I was in a bad one once, going down the Sunrising, on Edgehill. Do you know it?"

"Yes, and cannot understand why anyone should motor down it. The other hill is more beautiful, and not so dangerous."

"Oh, well, you know it's more exciting on the Sunrising. There were three of us; one was killed on the spot, and he was such a nice fellow, and we two—that is, my brother and I—spent the next few weeks in a nursing home getting patched up. I'm all right now, but my brother had to have his right leg off."

Then followed a vivid description of their injuries, how they looked and felt, and a very lengthy account of the nursing home. Just imagine it—a nursing home at a garden party! Instead of the roses I could smell carbolic, and in place of the mignonette, iodoform. I hastily pulled out my watch, and said I must go in. And I went in, and played patience (which I loathe).

Why does not someone found a Society for the Abolition of Diseased Conversations? We have an anti-corset crusade, and movements for the suppression of tobacco, swearing, and other things far less obnoxious. I used to think that people talked about diseases to me because I was a nurse, but this is evidently not so. Last autumn I was staying with a patient at an hotel where no one knew that I was a nurse, and yet the conversation centred on bodily complaints. One afternoon there

were about twenty ladies taking tea, and, as it happened, there were no men present. Someone had just come from visiting a friend who was in a nursing home; so the conversation ran upon operations. They all seemed to have had very serious ones, with the exception of one lady, a fat, fair dame of fifty, who seemed distressed at not being able to relate any terrible experience of her own until a dreadful woman, with a penetrating voice, described her sufferings when she had hysterectomy done.

Then the fair and portly one beamed, and gasped out in a tremendous hurry, "I had a little dog once, such a dear, little dog, and she had just that operation, and the poor, little dear died."

I could not put on an expression serious enough for the occasion, so left the room.

Another day I listened to the various conversations in the drawing-room. It was raining, so we had more than the usual number indoors, and, having no one to talk with, I took notes.

"Have you been to any of the Suffragette meetings, Miss Brown?"

"Oh, no, Major. I think the Suffragettes are dreadful women!"

"I quite agree with you, and I think if some of them were sent to China it would be a good thing. There they would learn how well off women are in England. Women are of no account there; they throw the girl babies into the river."

"So I have heard, but is it true? Did you ever see them do it?"

"Yes; I got a good snapshot once."

"How horrible! I wonder the people who do it are not haunted for the rest of their lives."

"I don't know that it is so horrible. It is better that they should be drowned than grow up Suffragettes."

Here the two were interrupted by half a dozen newcomers, and the conversation turned on rinking and the various injuries they and their friends had received when pursuing this pastime. One lady still had her arm in a sling as the result of an accident a month before. I turned my attention to a little party sitting in a palm-sheltered corner.

"Then the nurse gave her opium."

"Really, Lady Helen? How wicked!"

"Yes; and she was a trained nurse, too, with excellent testimonials. Of course the poor darling died."

I had heard this story before, so moved away. I found a comfortable seat near a remarkably healthy-looking woman, who seemed to be doing most of the talking in her small circle.

"I am trying the sour milk cure now," she

said, "and it is doing me ever so much good."

"My dear Mrs. Launay," said one of her hearers impressively, "pray do not take too much sour milk. I have heard that it causes cancer. Why not try Sanatogen? So safe, you know, and so good for the nerves."

"Oh, I don't believe in things giving you cancer. If we believed all those stories we should die of starvation. I went without salt once for six months because someone told me that it caused cancer; then Charles turned vegetarian, because meat is said to cause cancer; and we left off fish, because that gives one leprosy. We must not have oysters for fear of typhoid, and milk is not safe, as it may come from a tubercular cow—and, you know, with my nerves, it is absolutely essential that I should eat plenty of good nourishing food."

I turned from the nervous lady to listen to a merry party recounting their adventures at a recent ball; but they soon went out for a walk in the rain, and again I heard the voice of the authority on diet. She had given up foods by this time, and was discussing doctors.

"I have never met such clever doctors anywhere else; they are simply wonderful. One man of whom I heard got blood-poisoning, and the poison spread over the whole of his body. Of course, had he been anywhere else he must have died; but this doctor simply drew all the poison out of his body to one finger, and then amputated the finger!"

General chorus of, "How very wonderful!"

To return to my own patients. My last one, who was nearly seventy, never talked of anything but diseases. She said she had had chorea of the brain; and when she was a child she had mumps, but hers were worse than most peoples, because she had them in her stomach. She thought it was due to the carelessness of her wet nurse, who, she was sure, had neglected her most shamefully.

I am now longing for a dumb patient who cannot write, so that I can have a rest from diseases.

Of course there are exceptions, even among patients, who take an interest in something beside diseases. I heard the other day of a charming lady, who said when her nurse first arrived—"You know I don't want a nurse exactly. What I want is a well-educated lady to be a companion to me—one who would slip off her skirt, put on a coarse apron, and scrub a room out!"

M. H.

Miss Janet Stewart sends £2 2s. 6d. for the State Registration Fund, "an object so dear to her late sister's heart."

## An Incredible Injustice.

There is always consolation—when one has suffered an unmerited wrong—in having public opinion recognise the injury, and offer unsolicited its hearty condolence, and that the appointment of Matron and Superintendent of Nursing made last Thursday by the authorities of St. Bartholomew's Hospital is stigmatised throughout the nursing community as "an incredible injustice," and that genuine sympathy is felt for every nurse certificated in the school is some solace for those women who have suffered unmerited affront. On the 'phone and through the post messages and letters have poured into this office, and all express indignation at the cruel slur which the new appointment reflects on the life's work of a much respected dead colleague, and realise the professional injury to every woman trained and certificated in the nursing school to which she literally devoted her life.

### SACRILEGE.

Some day perhaps, but not now, we may touch reverently on those last conscious hours when Death was very near our dear Isla Stewart. This only will we say—if she recognised the Shadow, to her last conscious hour she ignored it with the sublime courage and dignity she maintained throughout the two years she was a-dying. Did she suffer in silence and alone as acutely as those who loved her and saw her fading away? We shall never know, but this we do know—as she lived so she died, strong and dutiful, and that for all the 23 years during which she held office as Matron and Superintendent of Nursing at Royal "Bart's" its honour was the breath of her nostrils.

Whence then emanates this insidious breath of slander, calculated to defame the dead? That her work was not well done, her nursing staff insubordinate, that her pupils are unfit to succeed her in office, and who jeered forth that parrot cry throughout the hospital world: "No Bart's nurse need apply"?

It is an open secret that prominent anti-registrationists have used all the influence they possess to capture what is mistakenly considered the stronghold of State Registration, for a London Hospital candidate.

Apparently they have succeeded.

Are cruel wrongs ever effected by righteous methods?

Never.

Tyranny does not hesitate to crush the living, why consider the reputation of the dead?

Power is no longer held by skeleton hands.

Power is to the living.

Grasp 't.

### THE FATES PROPITIOUS.

But even this devious diplomacy could not have succeeded had the authorities of St. Bartholomew's Hospital loyally supported the indisputable claims of their own Nursing Staff.

In no hospital until recent years have the official relations between the secretarial and nursing departments been more harmonious in character, or the discipline more excellent.

We regret that circumstances have altered these desirable relations.

The widely circulated statement that "the Sisters are not in hand," and that it is necessary that a stranger should rule over them and "bring them to their proper level" is, we opine, merely the retort courteous.

A serious breach of discipline within the walls has occurred, and that certain Sisters, bitterly resenting the cruel anxiety its continuance caused their dying Matron, took action is also true. But in placing before the Treasurer facts which for the honour of the Hospital they considered it right that he should know they acted from a sense of public duty, and were in no sense "insubordinate."

Their action incurred resentment, and every woman certificated in the School has been called upon to pay the penalty.

### NO BART'S NURSE NEED APPLY.

To fill an office of the utmost responsibility, that of a Matron and Superintendent of Nursing of one of the largest general hospitals in the Metropolis, the following advertisement appeared:—

### ST. BARTHOLOMEW'S HOSPITAL.

OFFICE OF MATRON AND SUPERINTENDENT OF NURSING.

Notice is hereby given that an Election Committee will be held on the 26th May, 1910, to elect a MATRON and SUPERINTENDENT OF NURSING to this Hospital.

Candidates must be Certificated Nurses, and of an age not exceeding 40 years.

The salary of the office will be £250 per annum, with board, residence, attendance, and washing.

Candidates are required to lodge 36 copies of their application and testimonials with the Clerk, St. Bartholomew's Hospital, from whom further information may be obtained, on or before the 7th May.

No candidate for the office shall, either directly or indirectly, canvass any member of the Committee or any Governor.

THOMAS HAYES,  
Clerk.

It will be observed that no time of training is defined for which the "certificate" should be awarded. No further qualifications are



required. It is not specified that the candidate should be an educated gentlewoman, that she should have held any similar position of authority, that she should have been in charge of a training school for nurses, or should have been responsible for the training and control of nurses, or of administrative duties. The advertisement contained one important proviso, an age limit of 40, and therefore whilst requiring no qualifications, it made ineligible for this responsible post the majority of those ladies who had earned it, and operated adversely in the case of the six leading Matrons certificated at St. Bartholomew's Hospital, whose ages were carefully scanned in the hospital records. Can we wonder that such an extraordinary advertisement aroused the suspicion that some favoured candidate did not possess these necessary qualifications?

So strongly did the nurses certificated in the School feel that the appointment of a stranger would be an unmerited injustice, that some 250 who were independent took the constitutional step of forwarding the following memorial to the Treasurer and Almoners, which merely received a curt acknowledgment from the Clerk:—

MEMORIAL TO THE TREASURER AND ALMONERS OF ST. BARTHOLOMEW'S HOSPITAL.

MY LORD AND GENTLEMEN.—

We, the undersigned, having been trained and certificated as nurses at St. Bartholomew's Hospital, and being deeply interested in the welfare of that great institution, and in the reputation and status of its Nursing School, venture most respectfully to submit to your Lordship as Treasurer, and to the Almoners, the following considerations:—

1. For the last thirty years the Nursing School attached to St. Bartholomew's Hospital has been steadily growing in importance and professional prestige, not only in the United Kingdom, but all over the world.

2. During that time it has trained and certificated hundreds of nurses, many of whom have obtained positions of great responsibility and influence, and who, by their professional skill and personal characteristics, have worthily maintained the traditions of their training school, and brought distinction upon it.

3. Owing to the late age at which probationers are admitted to the best training schools, usually 23 years, the extended contract for service, usually four years, and the increasing competition in the nursing world, subsequent promotion is slow. To serve an adequate period of experience as Sister of Wards, Home Sister, Assistant Matron, and Matron, the age before a woman can qualify for the few most responsible positions in her profession has of late years considerably risen.

4. In this connection the insistence of an age

limit of 40 for the vacant post of Matron at St. Bartholomew's Hospital is, in our opinion, unfortunate, as it excludes the great majority of the nurses trained at that hospital who have since obtained appointments of importance, and have shown by their successful administration in such positions fitness for the high office of Matron of St. Bartholomew's Hospital.

5. To prove how hardly this age limit may affect otherwise eligible applicants, may we give as an instance the case of the Matron of the General Hospital, Birmingham, age 42, who was trained at St. Bartholomew's Hospital, and was twelve years in its service as probationer, Staff Nurse, Sister, and Assistant Matron. She was also the Gold Medallist of her year. Since leaving St. Bartholomew's in 1906, she has earned for herself the highest reputation as a first-class administrator and trainer of nurses. This lady is, by the terms of the advertisement, prevented from applying for the position of Matron and Superintendent of Nursing at St. Bartholomew's Hospital.

6. There are other trained and certificated nurses of the Hospital, now Matrons of General Hospitals, who, were it not for the above-mentioned age limit, would as candidates, we feel sure, deeply impress the Governors by their merits.

7. Within the last few years the Matronships of other great Hospitals and Nursing Schools—e.g., those of St. Thomas's, King's College, and Guy's have fallen vacant, but in none of these instances have the Governors found it necessary to advertise the office; they have invited ladies trained under their direction to assume the position of Matron, thus proving that they have confidence in their educational methods, and consider their pupils as efficient as any available in the profession, and by such preferment have greatly encouraged and gratified every nurse whom they have certificated. Indeed, the precedent has now been established at St. Thomas's, Guy's, the Royal Infirmary, Edinburgh, and the Royal Infirmary, Glasgow, of applying to the Nursing School, the principle which has worked so well in connection with all the leading Medical Schools, of awarding with preferment their most distinguished pupils.

8. Hitherto the Nursing School of St. Bartholomew's Hospital has ranked with those of St. Thomas's, Guy's, and the London as one of the four leading Training Schools for nurses in the Empire, with the result that its certificated nurses can compete on equal terms with others for preferment in their profession. Should the Governors of St. Bartholomew's Hospital consider it necessary to supersede their own pupils and to place a lady trained elsewhere at the head of its School, we, its Certificated Nurses, feel that it would inevitably reflect adversely on the value of its certificate, and depreciate the status and prestige of the School which is now held in so much honour.

9. We would add that our colleagues, still working in the Hospital, are not associated in our action in approaching the Treasurer and Almoners; as a matter of discipline, we have not taken them into consultation, but we cannot fail to be aware that their feeling, like our own, is deeply stirred, and

that discipline and hospital etiquette alone prevent them from subscribing to this Memorial.

10. We are emboldened by the harmonious relations which have always existed between the Governors of St. Bartholomew's Hospital and their Nursing Staff to address this Memorial to the Treasurer and Almoners, feeling sure that due consideration will be given to the views which we have advanced.

We are,  
My Lord and Gentlemen,  
Your obedient Servants,

The result of the election proved that no recognition whatever was to be given to the meritorious work of hundreds of nurses who during the past thirty years have built up the first class reputation of the School, in spite of every domestic discomfort, which without complaint they have endured, in the dangerous and insanitary tenements in which they are housed.

QUI S'EXCUSE S'ACCUSE.

The excuse for this ruthless treatment is that "the best candidate was appointed!"

Having eliminated all "Bart's" women who are Matrons of hospitals with medical schools attached by imposing the age limit of 40, only one candidate of the first rank was recommended to the Election Committee—Miss Davies, Matron of St. Mary's Hospital, Matron of No. 3 Hospital, Territorial Force of the City and County of London, and Certified Midwife. This lady was trained for three years, and certificated at King's College Hospital, and has held the positions of Sister and Assistant Matron at University College Hospital, Matron of Queen Charlotte's Hospital, where she proved herself so able an administrator that by request she assumed the Matronship of St. Mary's Hospital, a position she has held for four years with the greatest distinction. To compare this record of professional achievement with that of the elected candidate is unnecessary.

We have only to add that from far and wide, except by the inspired press, the treatment of "Bart's" nurses is unsparingly condemned.

### A Public Meeting.

A Public Meeting will be held at the Medical Society's Rooms, 11, Chandos Street, Cavendish Square, London, W., on Monday, June 6th, at 7.30 p.m.

"To consider the position of the Nursing School at St. Bartholomew's Hospital, and to take such action as may be desirable."

The chair will be taken by Miss Maud Banfield, cert. St. Bartholomew's Hospital, late Superintendent, Polyclinic Hospital, Philadelphia, U.S.A.

It should be clearly understood that the

meeting is convened by the nurses certificated from St. Bartholomew's who hold positions independent of the Governors. They realise that the prestige of their certificate is seriously depreciated, and their professional status thereby injured. Those who sympathise with the object of the meeting will be welcome.

### Queen's Jubilee Conference.

A Conference convened by the Queen Victoria's Jubilee Institute between representatives of the affiliated Nursing Associations in England and Wales was held on May 27th at Caxton Hall, S.W. Mr. R. O'Brien Furlong presided in the unavoidable absence of Viscount Goschen. The first paper presented was by Dr. A. Shadwell on Poor Law Reform, which was read by Mr. D. F. Pennant. There were, said Dr. Shadwell, in relation to the Report of the Royal Commission on the Poor Laws three principal points of view—that of the supporters of the Majority Report, which was drastic in its suggestions, proposing a minor revolution; that of the supporters of the Minority Report, which was still more drastic, its suggestions proposing a complete revolution; and that of the Independent Reformers. Both the Majority and Minority Reports advocated the abolition of Boards of Guardians, but differed with regard to the constitution and functions of the authority proposed to replace them. The Majority advocated the formation of a Public Assistance Authority composed jointly of the County or County Borough Council and members of voluntary bodies on a statutory footing. The Minority aimed at preventing rather than relieving destitution, the work to be undertaken by Committees of the County and County Borough Councils. If the Minority Report were adopted, Dr. Shadwell considered that Nursing Associations might as well put up the shutters at once. The authors probably knew nothing, and cared less, about such Associations, and one of the leading principles of the scheme was to supersede voluntary agencies. District Nursing was probably one of the greatest agencies for the prevention of destitution, because it gave help at the right time, of the right sort, and in the right place, but when public authorities with a bottomless purse undertook the same work as voluntary agencies, the latter died of inanition, because the public would not pay for both. If he were a betting man, he would put his money on the Independent Party, which proposed reform rather than revolution. In a recent debate in the House of Commons, the Prime Minister, Mr. Balfour, and the Pre-

sident of the Local Government Board all seemed averse to drastic changes.

Several delegates having discussed minor points, Mr. Pennant said that the object of the Conference was to consider the attitude to be adopted towards the proposals: (1) Were they in favour of interference by public authorities? (2) Were they opposed to officialising voluntary institutions?

One delegate pointed out that in many parts of the country it was impossible to get support for voluntary associations.

A delegate from Portsmouth pointed out that Nursing Associations existed as a means to an end, and that, whichever Report was adopted, nurses would still be required. The question, he thought, was how Nursing Associations were going to adapt themselves to the requirements of the future. If they worked within limits with the constituted authority, and kept up the standard, the work of the nurses would go on.

Another delegate referred to the difficulty of obtaining grants from Boards of Guardians, because the work of the Q.V.J.I. was not confined to the poor, and Guardians therefore objected to supporting it.

The inevitable question of the attendance and remuneration of medical men when called in by a midwife under Rule E 18 of the Central Midwives' Board was next discussed by the Rev. W. Buckland.

Mr. D. F. Pennant (Hon. Secretary, Queen's Institute), discussed the question of provident nursing, and said that fifty years ago, when District Nursing was a new idea, it was gratuitous, but the idea of the provident system was now gaining favour. Contributions might be made on the lines of an insurance against illness, as a voluntary contribution, or a thank-offering.

In regard to the State taking over the nursing of the sick poor, Mr. Pennant inquired whether a Government nurse could ever do all that a Queen's Nurse could achieve. He thought the provision of district nurses by the State a counsel not of perfection but of despair. A discussion took place, in which apparently affluent delegates present seemed quite certain of the desirability of payments by the poor.

Miss Lovegrove, Hon. Secretary of the Federation of Metropolitan Nursing Associations, read a paper on School Nursing, and advocated that a different set of nurses should attend the children in their own homes from those appointed to visit the schools.

Mr. Treacher Collins, F.R.C.S., member of the visiting staff of the Royal Ophthalmic Hospital, City Road, E.C., spoke of the importance

of training in eye work for District Nurses, and said that his hospital, recognising the importance of such training, approached the Q.V.J.I. and asked them to allow their nurses to come to the hospital for a month's instruction; eventually it was agreed that the time should be a fortnight, and 109 District Nurses had been trained in this way for one week in the wards and one week in the out-patient department. No mention was made of this in the report of the Q.V.J.I. He would still like the term extended from a fortnight to a month.

## Progress of State Registration.

At the Annual Meeting of the Society for the State Registration of Trained Nurses, at which the Lady Helen Munro Ferguson will preside, the following resolutions will be proposed:—

### ON THE DEATH OF THE BELOVED PRESIDENT.

The Society for the State Registration of Trained Nurses desires to place on record its profound sorrow at the death of its President, Miss Isla Stewart.

The Nursing Profession has been deprived of a most inspiring and courageous leader, and has suffered an irreparable loss, by the death of one of its most brilliant members.

Miss Stewart's unceasing efforts for the advancement of nursing education and organisation, combined with her mental endowments, and generous breadth of character, removes from our ranks a splendid example of noble womanhood.

*Resolved* that we tender to the nursing staff of St. Bartholomew's Hospital our heartfelt sympathy in their great bereavement.

### DISSOCIATION IN THE PUBLIC MIND OF TRAINED NURSES FROM CRIMINALS AND PROSTITUTES.

The Society for the State Registration of Trained Nurses, in Annual Meeting assembled, desires to direct the attention of the public, and of Parliament, to the injury done to well-trained and reputable nurses, and nursing homes, by the exploitation of their professional uniform, and of bogus nursing and massage homes, for criminal and vicious purposes.

This Society calls upon the Government to give facilities, without delay, for the passing of a Nurses' Registration Bill, and upon Local Authorities to provide for the inspection and registration of Nursing Homes—a provision which would be welcomed by Homes of reputable standing—in order that the members of an indispensable and honourable profession may be dissociated in the public mind from criminals and prostitutes.

### A HOSPITABLE INVITATION.

Mrs. Walter Spencer extends a most kind and cordial invitation to those present at the meeting to go on to tea at 2, Portland Place, W., which is close to Chandos Street. We are sure many will gladly avail themselves of this hospitality.



## Our Guinea Prize.

We have pleasure in announcing that Miss E. Douglas, Maternity Hospital, Belfast, has won the Guinea Prize for May.

### SOLUTIONS OF PUZZLES FOR MAY.

- No. 1.—Soxhlet's Feeding Apparatus.  
Socks-H-LET-S feeding a-parrot-US  
No. 2.—Red White and Blue Coffee.  
R-head, WH-eye-T, & blew cow-fee  
No. 3.—Benger's Food.  
bee-N-G-ears food  
No. 4.—Lactopeptine.  
lay-C-toe-pea-P-tin

The following competitors have also solved the puzzles correctly:—

F. Egan, London; E. A. Hood, Ewell; E. Sherman, Wandsworth; A. Tary, Fakenham; J. M. Bruford, Southport; F. Flegg, Fakenham; F. M. Sharp, Castle Bromwich; N. Copelin, Beckenham; T. Daly, Dublin; C. Lane, Stirling; S. S. Shermer, Liverpool; A. L. Etheridge, London; E. Spencer, London; S. Arthur, Slough; A. Gibson, Alness; E. E. Please, Dorking; J. Wade, Walmer; N. A. Fellows, Edgbaston; V. Fuller, Chailly; M. Burr, Ebford; C. Lindsay, Edinburgh; M. Feast, Beckenham; K. Parfitt, Mortlake; A. Grammitt, Clifton; F. Hales, Yarmouth; E. Marsland, Newtown; K. Ross, Stirling; A. Mutton, Plymouth; L. Walker, Nantwich; G. Smart, Cork; M. C. Morrison, Glasgow; M. L. Ford, London; C. Mackenzie, Edinburgh; F. Merry, Manchester; C. T. Carter, Liverpool; E. C. Ragg, Curragh; M. A. Cole, Marlow; C. C. D. Cheshire, Woking; R. Leigh, Lymington; M. Chick, Broad Clist; V. James, Huddersfield; A. G. Layton, London; A. W. Winram, Edinburgh; A. Derry, Dublin; J. Cook, Portland; H. Ellis, Milford; M. Wiles, Sheffield; A. M. Ware, London; E. S. Sills, Oakham; M. Bridges, London; H. Cobb, Attleborough; F. B. Mathews, London; C. M. Loudoun, Edinburgh; K. Foster, Wicklow; M. Modlin, Brixton; A. M. Acton, Exmouth; A. M. Shoesmith, Durham; B. Lane, Sheffield; K. Hayter, Brighton; C. Masters, Belfast; H. R. Flint, Birmingham; F. L. Arnold, Belfast; T. O'Grady, Cork; E. Macfarlane, London; E. D. Harper, Falkirk; E. M. Banner, Islington; L. Ryding, Belfast; E. Beaver, Horrabridge; M. Newsome, Pontefract; A. Kemp, Walmer; M. Daley, Limerick; K. T. Mostyn, Swansea; F. Gadd, Cromer; M. Northwood, Nottingham; F. Dowd, Clonskeagh; T. Lavell, Margate; E. M. Smith, Hendon; V. Newham, Virginia Water; T. Voss, Aberdeen; E. Dinne, Harrow; E. Watkinson, Norwich; F. M. Wrigley, London; E. Heathcote, Clapton; B. Taylor, Rhyl; K. King, Lucan; W. Haviland, London; A. Rhind, Oxford; E. Drewett, London; H. E. Smith, Warrington; L. A. Dixon, Hitchin; E. T. Marshall, London; M. Lawson, Perth; F. Williams, Rawtenstall; F. Sheppard, Tunbridge Wells; G. G. Tate, London; A. S. Morris, London; B. Sheard, Chislehurst; C. Mandling, London; M. E. McLennan, Stornoway.

The rules for the Prize Puzzles remain the same, and will be found on Page xii.

## Asylum Workers' Association.

The meeting of the Asylum Workers' Association on Wednesday, May 25th, was a very special occasion, for the Association was jubilant over the passing of the Asylum Officers' Superannuation Act, which provides definite and assured pensions to those employed in Asylums' service.

### THE ASYLUM OFFICERS' SUPERANNUATION ACT.

The chair was taken by the President, Sir William J. Collins, M.D., F.R.C.S., M.P. The annual report, being in the hands of the members, was taken as read, and the President briefly described the pitfalls which the Asylum Officers' Superannuation Bill had avoided. He mentioned especially Dr. Shuttleworth and, in Parliament, Mr. Charles Roberts, M.P., Sir John Jardine, M.P., Lord Monk-Bretton, and others as those to whom the asylums officers owed a special debt of gratitude. He could not say they had much for which to thank the Government departments, but Mr. M. L. Waller, Private Secretary to Lord Gladstone, had been very sympathetic.

### THE REPORT.

The report, moved from the chair, and seconded by Dr. Bower, who spoke of Sir William Collins' adroitness in securing the passage of private members' Bills, was carried, and Sir William Collins re-elected President for the ensuing year. The President, in returning thanks for his re-election, said that as the present year would be his fourth year of office he had thought he might be laid by in lavender, but he might perhaps still be useful to the Association in Parliament in connection with the Nurses' Registration Bill.

Dr. Finegan spoke of the gratitude of Ireland to Sir William Collins in connection with the Superannuation Act, and said that Ireland was just as keen about the Nurses' Registration Bill as any other part of the United Kingdom.

### PRESENTATION OF MEDALS.

The presentation of medals for long and meritorious service to asylum attendants and nurses always gives one pause for thought. Does the public really understand in the least degree what has gone to the earning of those medals? Listen! Medallists, 1910.—*Gold*.—Attendant B. Thomas, Carmarthen Asylum, 40 years' service in one asylum; Miss B. Fraser, Matron of Robben Island Asylum, S. Africa, 35 years' service. (This medal was received for Miss Fraser by Dr. Greenlees, Superintendent of the Asylum, who spoke of the great honour done to South Africa by the award of this medal for the first time outside the British Isles. Robben Island, as they probably knew, was the island to which South African criminals, lepers, and lunatics were sent. Miss Fraser began her work at Aberdeen, and did excellent work in Carlisle and Grahamstown before going to Robben Island.) *Silver*.—Attendant E. W. Fraser, Isle of Man Asylum, 28 years' service; Nurse E. Ashfield, of Colney Hatch Asylum, with 27 years' service. *Bronze*.—Two special bronze medals were also awarded, although those who received them had not spent all their time in nursing the sick. Attendant A. G. Neale, of Colney Hatch Asylum, with 42 years' service in one asylum; and Atten-



dant G. E. Moore, of Colney Hatch Asylum, with 41 years' service in one asylum.

#### PRESENTATION TO THE PRESIDENT.

The next business was the presentation of an illuminated address to the President, which recorded the grateful thanks of asylum workers throughout Great Britain and Ireland to Sir William J. Collins, D.L., J.P., M.D., M.S., F.R.C.S., B.Sc., M.P., President of the Association, for his unwearied efforts on their behalf, and successful promotion in Parliament of the Asylum Officers' Superannuation Act, which received the Royal Assent on December 3rd, 1909, the passing of which beneficent measure was due to his wise and energetic guidance."

Dr. Pasmore, who made the presentation, said that Sir William's period of Presidency would be illumined by this beneficent Act, and Dr. Shuttleworth, who handed to Lady Collins a basket of beautiful flowers, plumbago, mauve iris, ferns, and mauve ribbons, spoke of the help public men received from the ladies of their household.

Sir William Collins briefly returned thanks to Dr. Pasmore for his "flowers of rhetoric," and to Dr. Shuttleworth, on Lady Collins' behalf, for the "flowers of the field."

#### PRESENTATION TO THE HON. SECRETARY.

On behalf of the Asylum Workers of the United Kingdom, the President then presented to Dr. Shuttleworth, the Hon. Secretary, an address testifying to the personal regard and affection in which he was held by them, and because he had with rare devotion and self-denial made the amelioration of the lot of asylum workers his particular solicitude, and by his dogged determination and ever ready tact been instrumental in securing the passage into law of the Asylum Officers' Superannuation Act. This was signed by Sir William Collins, as President, and also by the President of the Medico-Psychological Association. It was accompanied by a miniature of Dr. Shuttleworth, by Gabrielli, a typewriter and desk, and a cheque for £230.

Sir William Collins said Dr. Shuttleworth possessed the arts of diplomacy and what Pitt described as the first essential of a politician, "patience, patience, patience." He had also zeal, indomitable industry, and fixity of purpose, and further craft and subtlety—the wisdom of the serpent under the demeanour of the dove.

He concluded by remarking on the applicability of the following lines to Dr. Shuttleworth:—

"You need no sculptured monument

Your fame to tell.

Your fame will live, oh, could we all

Acquit ourselves as well."

Dr. Shuttleworth cordially returned thanks to the President for his flattering words and to the Association for its generous gifts. The miniature would fall to Mrs. Shuttleworth as her share of the spoils, and the generous cheque would enable him to employ a typist.

The meeting concluded with the usual votes of thanks, and tea was afterwards served by kind invitation of Mrs. Shuttleworth.

## Appointments.

#### LADY SUPERINTENDENT.

**Drumcondra Hospital, Dublin.**—Miss Dora Hutchison has been appointed Lady Superintendent. She was trained at Sir Patrick Dun's Hospital, Dublin, where she has held the position of Staff Sister, Sister in Charge of the Operating Theatre, and Assistant Matron. She has also had experience of private nursing.

#### MATRONS.

**St. Bartholomew's Hospital, E.C.**—Miss Annie McIntosh has been appointed Matron and Superintendent of Nursing at St. Bartholomew's Hospital. She was trained at the London Hospital, where, for the last seven years she has held the post of Matron's Senior Assistant.

**Derbyshire Hospital for Sick Children, Derby.**—Miss Dorothy Haines has been appointed Matron. She was trained at the Poplar Hospital for Accidents, London, E., and, on gaining her three years' certificate, held the position of Staff Nurse for a year in the same institution. She has subsequently held the following appointments:—Staff Nurse for ten months at Charing Cross Hospital, Sister at the Manchester Children's Hospital, Pendlebury, and successively Night Sister, Home Sister, and Assistant Matron at the Children's Hospital, Myrtle Street, Liverpool.

#### SISTERS.

**General Hospital, Stroud.**—Miss R. Hooten has been appointed Sister. She was trained at the Royal Infirmary, Derby, and has held the position of both Day and Night Sister at the Birmingham and Midland Ear and Throat Hospital, of Night Sister at the Guest Hospital, Dudley, and of Assistant Matron at the Retreat, York.

#### SUPERINTENDENT NURSES.

**Workhouse Infirmary, Bishop's Stortford.**—Miss M. E. Pryce has been appointed Superintendent Nurse. She was trained at Brownlow Hill Infirmary, Liverpool, and has held the position of Superintendent Nurse at Gressenhall Infirmary, Dereham, Norfolk, and of Sister at the Bethnal Green Infirmary, London. She is a Certified Midwife.

**Workhouse Infirmary, Stratton St. Margaret, near Swindon.**—Miss Helen G. Dunn has been appointed Superintendent Nurse. She was trained at the Eastville Infirmary, Bristol, and has held the position of Charge Nurse at the Swindon and Highworth Union, where she has now been promoted to the position of Superintendent Nurse.

#### QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

**Transfers and Appointments.**—Miss Christmas Prentice, to Horncastle; Miss Louisa Attree, to Enfield; Miss Alma Fryer, to Withington; Miss Eliza Spencer, to Cleckheaton; Miss Elizabeth Farquharson, to Lumley; Miss Maud Taylor, to Gotherington; Miss Amy Townsend, to Kirton-in-Lindsey; Miss Ethel Coates, to Grimsby; Miss Ada Barton-Tharle, to Tunbridge Wells.

## The Scottish Local Government Board.

### NURSES' EXAMINATION.

On May 3rd, 4th, and 5th the Local Government Board held at Glasgow University and Glasgow Western Infirmary an examination for the certification of trained sick nurses. Thirty-eight candidates presented themselves for examination. The examiners were Dr. J. O. Affleck, Edinburgh; Dr. D. J. Mackintosh, Medical Superintendent of the Western Infirmary, Glasgow; and Dr. W. J. Richard, Medical Officer of Govan Poorhouse, Glasgow, who were assisted in the practical part of the examination by Miss H. Gregory Smith, Matron of Western Infirmary, Glasgow, and by Miss F. A. Merchant, Matron of the Eastern District Hospital, Glasgow. The subjects of examination were (a) elementary anatomy and physiology; (b) hygiene and dietetics; (c) medical and surgical nursing; and (d) midwifery. The following candidates have passed in the subjects indicated (those whose names are distinguished by an asterisk having now passed in all the subjects of examination are entitled to the certificate of efficiency granted by the Local Government Board):—

\* Elizabeth Aitken (c) and (d); \* Catherine C. Baillie (c); Agnes Bruce (d); \* Helen T. Davidson (a) and (c); Helen C. Donald (a); Anna M. E. Fry (a); Jeanie W. F. Henderson (d); \* Isabella Hepburn (c); Beatrice P. Hindersell (d); Helena J. M'D. Irving (b) and (d); Jessie Johnstone (c); Catherine M. Kippen (d); \* Margaret Laurie (c); \* Elizabeth J. Murison (b) and (c); Christina S. Murray (a) and (b); Annie B. McCall (d); Flora M. Macdonald (d); Lena Macdonald (a); \* Jane T. McIntosh (c) and (d); Annie M'Ivor (b); Isabella R. Mackenzie (b); \* Jessie D. Mackenzie (c); \* Angusina Macmillan (b) and (c); Agnes B. Macnab (a) and (b); Euphemia C. MacNaught (a); Agnes H. Paton (a) and (b); Elizabeth A. Ross (a) and (b); Elizabeth H. Scott (d); Maggie Sievwright (d); Elizabeth T. Simpson (a) and (b); Maggie Steele (a) and (d); Jeanie G. Tait (d); Jeanie Toll (a); Agnes Westwood (b); Helen Whittaker (a) and (b).

## The Passing Bell.

We greatly regret to report the death from drowning of Miss Casserby, a nurse at the Royal Military Infirmary, Dublin. Miss Casserby and Miss Lindsay, another nurse from the same institution, went on a visit to some friends near Kinsale, and, when bathing, one of them, who was unable to swim, got out of her depth. The nurse, who could swim, went to the rescue, but was unable to bring her friend ashore. When their distress was observed, a boat was launched and Miss Lindsay eventually brought to shore in an unconscious condition, but Miss Casserby unhappily was drowned. We tender our sincere sympathy to the relatives of the deceased nurse.

## Nursing Echoes.



A Conference of representatives of County Nursing Associations and of the Council of the Queen Victoria's Jubilee Institute for Nurses was held at the headquarters of the Institute, Victoria Street, last week, under the Presidency of Mr. George Franklin. Amongst the subjects discussed were the usual practice as to payment of the doctor's fee where he had been called in at the request of a nurse to a case which was not one for parish relief. The following resolution was ultimately agreed upon:—"That the Institute be asked to organise a deputation to the Lord President of the Council pointing out the importance of providing for the payment of the doctor's fee in midwifery cases, and pressing for such amendment as will secure the payment of the fee." In regard to obtaining midwifery scholarships for Queen's Nurses it was agreed that County Councils be approached with a view to ascertaining whether an extension of the facilities for midwifery training could be made to include Queen's Nurses as well as less highly trained women.

The Hospitals Committee of the Metropolitan Asylums Board have recommended the award of a gratuity of £50 to Miss N. A. March, Assistant Nurse, who is incapacitated by a malady contracted in the discharge of her duty.

The Lord Mayor of London, who was accompanied by the Lady Mayoress, on Saturday last opened the new Nurses' Home which has been erected at the City of London Mental Hospital at Stone, Dartford. The new Home will accommodate 38 nurses, and has large recreation and reading rooms, and quarters for the Matron and Assistant Matron. Alderman Sir George Wyatt Truscott, Chairman of the Visiting Committee, presided at luncheon, which was served to a large number of visitors, and presented the Lady Mayoress with a silver framed photograph of the senior nurses, and the Lord Mayor with a signet ring. The Lord Mayor spoke of the need of a Home where the nurses could spend their leisure hours away from their work, and with pleasure declared it open. The Home was then inspected, and the Lady Mayoress presented certificates to several nurses who had recently passed the first aid examination of the St. John Ambulance Association.

The current issue of the *St. John's League News* contains many interesting items. Its Financial Report shows a balance on the right side, besides a deposit in the Post Office Savings Bank. The articles include one on the establishment of cordial relations between members of existing Leagues, an interesting account of a trip to Belgium, and extracts from letters from Paris during the floods, and from Korea.

The *Kingston Infirmary Nurses' League Journal* contains an admirable portrait of the President, Miss A. Smith, and much interesting matter. The members of the League sent a message of condolence to her Majesty the Queen Mother, and received the following reply:—

"Queen Alexandra deeply appreciates your sincere sympathy."

There is an interesting letter from Anacortes and about Babies Homes in India.

The Ladies' Linen League is admirably organised at Northampton General Hospital, and on the leaflet issued the sizes and prices of everything required is accurately stated, and patterns are provided so that everything should be made as required and in the most practical form.

Miss Mabel Annie Slater, a professional nurse, has sustained her claim in a case heard by Sir William Selje, under the Workmen's Compensation Act last week in the West London County Court, when the Community of the Sisters of St. John the Divine sought to have an award made under the Act reduced. Miss Slater had been engaged by the Sisters, and was nursing a patient early in 1908, when she received a prick in the left hand from a safety pin, with the result that blood poisoning supervened, and after two operations the thumb and two fingers were left useless. The Judge said the injury must seriously interfere with the work of a professional nurse. He saw no reason why the amount of the award should be reduced, and the application was refused with costs.

The terrible death of an infant at the Monsall Fever Hospital, Manchester, by hanging, on the facts as sworn in evidence are almost incontestable. It is stated that the child was seventeen months old, and isolated as a scarlet fever patient. The night nurse did not visit the ward between 1.40 and 2.25 a.m., as she was in charge of 84 children with scarlet fever, and was getting their breakfast ready. On revisiting the ward she was horrified to find that the infant had got between the bars of the cot

and was hanging by his shirt band, with his feet six inches from the floor strangled and dead. She was "too upset" to lift him into bed, so he was left hanging. A medical officer was sent for when the Night Sister arrived, but it is asserted did not visit the ward for six hours, and apparently nothing was done to resuscitate the child. The mother asserts that she was informed by telegram that the child died of heart failure, and permission was asked for a *post-mortem*. Apparently the doctor was not at the inquest. These are the facts baldly stated. No comment could add to their lurid horror, but if infants of this tender age are isolated and not continuously watched, the least the authorities can do is to provide safe cots covered over with netting. We wonder what was the training of the nurse who left the unfortunate child hanging because she was too upset to do anything else.

At the Annual Meeting of King Edward's Coronation Fund for Nurses, held at 86, Lower Leeson Street, Dublin, last week, when there was a large attendance of supporters of the Fund, the Annual Report was read by Sir Andrew Reed, who stated that 142 nurses are now registered members of the Society. Grants of £10 each were made to five members who applied for help during the year, and one of £12. One of the applicants was working at her profession in the County of Mayo and another in Galway. Resolutions of condolence with their Majesties King George V. and Queen Mary, and with Queen Alexandra, on the lamented death of the late Sovereign, were moved by Miss Kelly, Lady Superintendent of Dr. Steevens' Hospital, and seconded by Miss Lamont, Superintendent Irish Branch Q.V.J.I.

The President of the Royal College of Surgeons (Surgeon Lentaigue), in moving the adoption of the report, said that the Society was most valuable and greatly needed. Nurses who had to go through a most exacting period of training, and who were often delicately nurtured and delicately minded, had difficult and arduous duties, and required great skill and great aptitude, and sometimes almost superhuman patience.

Miss Kelly and Miss MacDonnell, R.R.C., were elected members of the Council under Rule 15, and Miss Lamont (Q.V.J.I.), Miss Shuter (late Lady Superintendent of the Royal City of Dublin Hospital), Miss Powell (late Lady Superintendent Charlemont Hospital), Miss Butler (Lady Superintendent Sir Patrick Dun's Hospital), and Miss Ramsden (Lady Superintendent Rotunda Hospital), were the nurses elected by ballot.



On May 25th the Irish Nurses' Association had its second excursion of the season to Killybeg Hill. There was a good attendance; some came by cycle, some by train and train, but all met at Victoria Gate Lodge, where tea was served at 4.30 p.m. The Hill was then climbed, and everyone was well repaid by the lovely view. The weather was magnificent. The nurses sat in groups, feasting their eyes and getting a good supply of fresh air. All were reluctant to leave when "duty" called them back.

Members of the Ulster Branch of the Irish Nurses' Association spent a most enjoyable afternoon at Whitehead on Thursday last week. These excursions, which are arranged for their enjoyment, are greatly appreciated by the members.

We are very pleased to note that both North and South—at Belfast as well as Cork—Roman Catholic religious nursing Sisters are joining the Irish Nurses' Association, thus taking their part in this national movement for the benefit of nurses and the sick. Some of the most influential Bishops in Ireland are well acquainted with proposed legislation through the Nurses' Registration Bill, and their approval is most helpful to the movement.

Mr. Fisher, Prime Minister of the Commonwealth of Australia, and Mr. Deakin, the leader of the Opposition, have addressed a joint letter to the Australian public appealing for financial support to the Countess of Dudley's bush nursing scheme as a memorial to King Edward.

Sister Agnes Karll, the President of the International Council of Nurses, sends sympathy for the death of our late King, and is so glad that so beautiful a wreath was sent to Windsor in memory of King Edward the Seventh's kindness to the members of the Council last July.

Sister Karll will be in Zurich all summer, after a tour to the centres of the German Nurses' Association in the large cities of South Germany. She is preparing to engage in the most useful work of translating "A History of Nursing," by Miss Nutting and Miss Dock; this will be of the utmost value to German nurses, and greatly appreciated by them. Sister Karll is still in the fray. As she says, "if progress is to be made, combat can never finish." She is already busy making arrangements for the welfare of foreign nurses for the Congress of 1912, so that she may show us "how warmly she feels for all our interests."

## Reflections.

FROM A BOARD ROOM MIRROR.

The members of the Board of Management of the Royal Infirmary, Edinburgh, have presented an Address to the King on his Accession expressing their devoted loyalty and heartfelt sympathy, and to the Queen Mother one of respectful and heartfelt sympathy in her grievous bereavement.

The first meeting of the Metropolitan Asylums' Board, after its reconstitution for the three years ending May 15th, 1913, took place on Saturday. For the post of chairman for the year Mr. Jackson Hunt and Mr. Walter Dennis were nominated, and the latter was elected by 36 votes to 23.

The Treasurer of Guy's Hospital always issues a very explicit report. For last year it states that the wards never rendered greater service to the poor, the 8,933 in-patients accommodated being substantially in excess of the number for any previous year in the existence of the charity. The new out-patient department was completed, occupied, and its cost discharged, and a sufficient income received to meet the year's expenditure. The governors contemplate measures for further necessary works. Some of these, the re-building of Clinical House, including an increase of beds for special departments and the provision of separate wards for children, were mentioned in the previous report. A fuller list comprises, *inter alia*, a new operating suite, new residences for certain officers and servants of the hospital, and an extension of the Henriette Raphael Nurses' Home, and these latter works, because of their urgency, the governors have been compelled to undertake without further delay. The cost of the whole scheme of improvement and extension will, it is estimated, be covered by the £60,000, for which a preliminary appeal was issued twelve months since. We hope every penny will soon be subscribed. Guy's nurses are very well cared for, their home a model, and "Matron" always one of their own.

All cases of pulmonary tuberculosis attending the out-patient department at Middlesex Hospital are now notified. Arrangements have been made with the Education Department of the London County Council for the attendance of a certificated lecturer in cookery, who instructs the nurses in invalid cookery, and already there have been satisfactory results. The course forms part of the regular curriculum, and is one of the most important parts of a nurse's training.

At St. Thomas's it is hoped that the new maternity ward will be opened in October. In the X-ray department 4,020 patients were treated during the year. The total expenditure last year was £63,431, and the income £62,650, including an anonymous donation of £5,000.

The Colchester Hospital appears to be faced with a serious position. There is a total deficiency of £4,000.



## The Normal Treatment of Alcoholism.

To attend a meeting upon the subject of inebriety has not, perhaps, a very attractive sound about it; and possibly fifteen or twenty years ago it would have been dull, uninteresting, and unsatisfying. But those who have eyes to see and ears to hear will have observed what a great advance has been made in social science. A speaker said a little while ago that if you leave out science in your efforts at reform, however good and kindly your intentions may be, you will fail.

All things, even those with most dull sounding names, can be made to appeal to the minds of men and women if the matter is dealt with not only sympathetically but scientifically. Is not this almost the same as saying commonsense must be abundantly utilised in dealing with social problems.

This is what impressed me forcibly while listening to the interesting speeches made on behalf of the Normal Treatment Association at a drawing-room meeting at Grosvenor House by the kind permission of the Duke and Duchess of Westminster on May 26th. One other point was also very noticeable—namely, the note of hopefulness and optimism which all the speakers struck, obviously the effect of the greater understanding of this difficult problem.

The report for the past year was in every way satisfactory.

The Secretary, Mr. Porteous, briefly described the objects of the Association and the method of treatment, the chief features of which are:—

1. Its inexpensiveness; the inclusive cost is £3 3s. Twenty-four bottles of medicine (composed of the special combination of drugs) have to be consumed, one for every waking hour for 24 days.

2. Its convenience and secrecy; the patient can be treated in his or her own home, which renders it unnecessary for the friends to know about it, and ordinary occupations need not be interrupted.

3. The reliability of the treatment. The failures are supposed to be not more than 7 or 8 per cent., and in nearly every case of failure it has been proved that the conditions of the treatment have not been faithfully carried out.

The audience had the advantage of listening to the two brothers Chapman—the Rev. Hugh Chapman, Chaplain of the Royal Chapel of the Savoy; and Mr. Cecil Chapman, Police Magistrate—both of them friends, faithful and true, to the great cause of women's enfranchisement.

The latter spoke in a very optimistic vein. He denounced despair as a cruel thing, and affirmed that no inebriate need be despaired of, and warned his hearers of the ineffectiveness of lip sympathy only, urging upon them the duty of "doing something" to help the poor victims. One way in which everyone could help, he said, was to help them to find work after treatment.

The Rev. H. B. Chapman referred to the sorrows of life as the grim skeletons in the cupboards, and added earnestly that the curse of inebriety was "the national cupboard"; it belonged to us all, and needed the key of love to open it. In his

estimation, we could best show our loyalty to our late King by doing something practical for the good of our fellow creatures.

Lady Constance Lytton made a short and interesting speech, emphasising the importance of preventive work and the necessity of subsidising sympathy with active service in the cause of humanity.

The Chairman, General Sir Edward Chapman, K.C.B., proposed a vote of thanks to the speakers and to the Duke and Duchess of Westminster for their kindness in lending their house, after which the proceedings terminated.

The offices of the Association are at 91, Victoria Street, Westminster, S.W.

B. K.

## Southalls' Nurses' Companion and Laundry Book.

Everyone who knows Messrs. Southall Bros. and Barclay, Ltd., Bull Street, Birmingham, knows that everything they do is well done, and there are many people who, having dealt with this firm for the last half-century, always write to them, in preference to dealing nearer home, for drugs and preparations, of whose high standard they can be absolutely assured if they come from this old-established firm. But though it has been founded since 1820, it keeps in the forefront with modern demands, and has recently brought out a Nurses' Companion, and Laundry Book, which would be most valuable to any obstetric nurse.

In a compact space it includes a great variety of useful information, such as obstetrical tables, Post Office regulations, the principal antiseptics used in midwifery, their uses and strength, the temperature of baths, the clothes required for an infant, necessities for a confinement, a dentition table, notes on muscular development, notes on the artificial feeding of infants, and on invalid cookery. The meaning of Latin terms used in prescriptions, the law as to the registration of births and deaths, and much more besides, including illustrations of some of Southall's well-known specialities for maternity cases, calendars for two years ahead, space for the record of cases, and printed laundry lists with counterfoil. All maternity nurses should possess one of these handy Companions, which Messrs. Southall are willing to supply to them on application.

## L'Esperance Preparations.

We have pleasure in drawing attention to "L'Esperance Preparations," supplied by Mme. Gertrude Hope, 7, South Moulton Street, W., which include many dainty toilet preparations. In Mme. Hope's salons special treatment can be applied for the discolouration of the skin which sometimes occurs after residence in the tropics. Superfluous hairs are also removed by electrolysis, on which subject consultations and advice are given free, personally or by letter. Pupils are also taught this delicate manipulation, and special terms are given to hospital nurses.

## Outside the Gates.

## BIANCA'S DAUGHTER \*

This story opens with a ball in a London house, where Creighton Blake, an elderly man, recognises a beautiful young girl, by an extraordinary resemblance, as the daughter of a woman he had years ago taken from the husband. The husband, as we are told later on in the story in the words of an old servant, "froze her like wid his sharp tongue and quare ways—she feared him," and young, loving, and longing to be loved, she found in Creighton Blake, that for which she looked in vain from her husband. "Sure it was many times they was together in the garden—the little garden wid the owld wall round ut. She wud always have me there, too. But I remember wan time—the last time, Mister Fleming he kem there and found thim—not that they had been astealin away to mate there. They did it open. He was in his black rage, and did not pick and choose his words.

"And what kind of a woman do ye call yourself, then?"

"An' she says, lookin' in his eyes—

"A slave, Pender. A slave waitin' for death. God send it soon!" says she . . .

"Then she kim away, and we went down through the house and out, and I wint wid her across the garden to the wood lanes. He was waitin' there. An' she kissed me wance and rode away."

That happened years before, and the little babe that she leit behind is the beautiful Vittoria Fleming, who has so startled Creighton Blake by the likeness to her dead mother.

Pender Fleming is about as repulsive a person as one can imagine. "A stont man, with a great pallid face, and a slow univied body. He had a very high and hairless brow, and his eyes, like his face, were pale. . . . His lower lip protruded a little, and when he was displeased or was immersed in gloomy thought, he outthrust it still more." Still one can well sympathise with him in his anger against Richard Blake, the son of his wife's lover, when he offers himself as the husband for his daughter. And we quite agree that "the very facts, whatever softening and extenuating circumstances may have draped them, were clear enough and even to Mrs. Pudley, who was a very modern person and no prude, they seemed to loom very high across the path of Vittoria Fleming and Richard Blake—an insurmountable obstruction, with *Rue Barrée* printed black across it."

Vittoria, it must be remembered, had been brought up in entire ignorance of her mother's history, and from the first meeting she is strongly attracted towards Richard, who, though by no means indifferent to her, "was fighting for what he loved best in the world, his freedom and peace of mind," and is determined to stifle the feeling she has aroused in him.

"They parted and went their different ways, Blake morosely to his club, and Vittoria, her head very high and a flush on her cheek, to her cousin's home. An older and wiser woman would have realised that the man was paying her powers a high

compliment by trying to avoid her. . . . She beat one small hand on the table before her. 'That's over and done with. I think we shall be able to get on without Mr. Richard Blake. There seems to be a number of other people in the world.'

Wounded and piqued she accepts Beau Temple, a middle-aged man, who has been all her life devoted to her. "It's possible, Vittoria; it's just possible that I could make you happy. What do you think?"

The face of Richard Blake came before Vittoria's eyes. She imagined him to say:—

"You might as well answer 'No' to this good man before you, and so have done with it, for you do not love him, and will never love anyone in the world but me. I do not love you, and do not want you, but I will come between you and all other men so long as you shall live, and you shall never forget me. Now answer 'Yes' to Beaumont Temple if you dare."

But she answers yes all the same. We feel all the while that Beau will never attain to his desire, and are justified when young Richard reappears. After stormy and violent scenes with Vittoria's father, and generous surrender from Beau, we leave them "down in the gardens beside the gold fish-pool."

Beau Temple said: "They look very happy—one of them has her head on the other's shoulder."

The Frenchman drew a little sigh.

Ah, si jeunesse savait!"

"Knew what?" demanded Beau.

"What it costs," said Raoul de Conreux. I was thinking of how much pain there has gone into the making of that happiness down yonder."

A brave and gallant gentleman squared his shoulders and reared his head.

"It's worth it," he said.

H. H.

## COMING EVENTS.

June 6th.—Public Meeting. To consider the present position of the Nursing School of St. Bartholomew's Hospital. Medical Society's Rooms, 11, Chandos Street, W., 7.30 p.m.

## THE WOMEN'S CONGRESS.

June 6th to 11th.—Japan-British Exhibition. Great Hall, Cascade Café. 3 to 5 p.m.

June 6th and 7th.—The Co-operation of Women in Local Government."

June 8th.—"A University Standard in Home Science."

June 9th.—"Woman's Suffrage" and "The Woman's Charter."

June 10th.—"National Health."

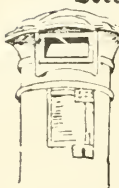
June 11th.—"Nursing." Chair, Her Grace the Duchess of Montrose. Territorial Nursing and Red Cross Organisation: Miss E. S. Haldane. Japanese Red Cross Work: Miss Ethel McCaul. The Trained Nurse's Sphere in Red Cross Work: Mrs. Netterville Barron. Nursing as a Profession: Mrs. Bedford Fenwick. District Nursing: The Lady Hermione Blackwood. Social Service Nursing: Miss H. L. Pearse.

## WORD FOR THE WEEK.

Drudgery—the grey angel of success.

\* By Justus Miles Forman. (Ward, Lock, and Co., London.)

## Letters to the Editor.



*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.*

### REGISTRATION WILL GO FAR.

To the Editor of the "*British Journal of Nursing.*"

DEAR MADAM,—Allow me to congratulate you on the able and open way in which you have taken up the subject of West End nursing (?) institutions. For a long time past I have been in the habit of warning young nurses against these homes, as you never know what you might get let in for, having had experience of London institutions, and the class of nurses employed by many. Registration will go far to meet the evil, but I fear will not clear it out entirely. Only a system of registration of the homes, with adequate inspection, and a bureau that would give information about the places to nurses applying for posts, would combat the evil successfully.

A. M. A.

Exmouth.

### THE REMEDY IS—STATE REGISTRATION.

To the Editor of the "*British Journal of Nursing.*"

MADAM,—May I claim the courtesy of your columns to defend a class of institutions which at the present moment is being subjected to unjustifiable assault.

In their search for sensational copy, certain papers have recently engaged in attacks on "Nursing Homes," and furnished their credulous public with highly spiced and lurid details of vicious and illegal practices committed within the walls of these so-called Nursing Homes. Of course, it is impossible to deny that nefarious practices are committed at certain of these establishments, and that their proprietors continue to hide their guilt from the eyes of the police by labelling their establishments "Nursing Homes," "Rest Homes," and so forth. All this is common knowledge, and, although the scandal exists and may even have assumed the proportion which has been alleged, the police authorities may be trusted to do their duty and exercise due vigilance in the interests of public morality. If it should be necessary to quicken their watchfulness, perhaps the present campaign may be justified, but as one intimately associated with the conduct of a Nursing Home, I wish to protest as vigorously as I can against the great harm that is being done by this indiscriminate denunciation of Nursing Homes.

To many people, especially those of restricted means, a Nursing Home often supplies a real want and is oftentimes a veritable godsend, as often the only alternative is the general ward of a public hospital with its necessarily rigid discipline and lack of privacy, from which so many people shrink.

That in some Nursing Homes not justly entitled

to that honourable distinction abuses exist, is no excuse at all for wild and whirling attacks on institutions which fulfil an excellent purpose and are the means of alleviating a great amount of suffering without the excessive expenditure and inconvenience involved in home nursing.

For such abuses as do exist the remedy is a very simple one, and has been agitated for by all the proprietors of legitimately conducted Nursing Homes for many years past; that remedy is—State Registration. Were this compulsory, such evils as are now being dragged before the public eye could not exist. Establishments which are rightly conducted have even now no need to shun the light of day, but with universal Registration there would be no possibility of the title "Nursing Home" ever being degraded in such a way as at the present time. Nor would there be the necessity for that lurid journalism which massacres the innocent as well as the guilty by frightening the timid and ignorant public.

Thanking you for your courtesy in inserting this letter.

Yours obediently,

Z.

### DIRECT REPRESENTATION ON THE CENTRAL MIDWIVES' BOARD.

To the Editor of the "*British Journal of Nursing.*"

DEAR MADAM,—I read with much pleasure the admirable paper by Mrs. Lawson on the Direct Representation of Midwives on the Central Midwives' Board in your last issue, and thank Mrs. Lawson for it. The position which she takes up is quite impregnable—representation of the class governed on the governing body. It is a fundamental principle of good government all the world over. It is further imperative that such representatives should be sent to their governing body by the electorate of certified midwives. If this fact is conceded I think the point insisted upon by Mrs. Lawson that the midwife should at the present time be engaged in active practice a minor one. Not that I minimise the importance of representation of the interests of practising midwives, but that I do not think the electorate should be restricted in its choice, of a representative. I should like to see a midwife elected who has not simply gained her certificate, but has practised after obtaining it, and this I think the electorate might be trusted to ensure, but the important point to my mind is that she is sent to the Board by the certified midwives, and sits there at their will. She will, therefore, have to know and further the wishes of her constituents just as much as the ordinary member of Parliament.

Yours faithfully,

CERTIFIED MIDWIFE.

## Notices.

### OUR PUZZLE PRIZE.

Rules for competing for the Pictorial Puzzle Prize will be found on Advertisement page xii.



# The Midwife.

## The Central Midwives' Board.

A meeting of the Central Midwives' Board was held at the Board Room, Caxton House, Westminster, on Thursday, May 26th.

At the beginning of the proceedings Dr. Champness, Chairman of the Board, moved resolutions of sympathy with the King and the Queen Mother in the grievous loss which they, in common with the Empire, have sustained by the death of his late Majesty, and its humble congratulations to King George on his accession to the Throne.

### REPORT OF STANDING COMMITTEE.

A letter was received from the Clerk of the London County Council stating that in the opinion of the Council there is no necessity for admitting to the Roll, within the County of London, anyone who does not possess a certificate of training in midwifery. A letter was also received from the Bolton Midwives' Association asking the Board not to admit to the Roll under Rule B 2 anyone resident in Bolton unless qualified by examination.

A letter was received from a certified midwife inquiring as to her obligation to undertake a case for which she had been engaged, but to which she was not summoned until four hours after the baby had been born. The Board decided that the midwife be informed that she infringed no rule of the Board in declining to undertake a case under the circumstances.

In connection with a complaint made by Dr. H. Scurfield, Medical Officer of Health for the City of Sheffield, as to the practice of unqualified male midwives, the Board decided to make representations to the Privy Council as to the desirability of amending the law so as to prevent the practice of midwifery by unqualified men.

The Chairman said that the present position was that it was illegal for an uncertified woman, but not for an unqualified man, to act as a midwife, a position which was quite absurd. It was quite unnecessary to call in a man other than a registered medical practitioner, but at present any male person could deliver any woman.

In reply to a question from Miss Paget, the Chairman said that the men referred to in Sheffield were an unqualified medical man and an unqualified dispenser. He considered the practice of midwifery should be restricted to doctors and certified midwives.

The applications of four women for removal from the Roll were granted.

In connection with alleged irregularities in training at the Royal Derby and Derbyshire Nursing Institution, it was decided to admit pupils who present schedules signed by a competent authority to the June examination, but that application by the lecturer and chief midwife for recognition must be made if the institution desires to train pupils in future.

Dr. Nettie Bell Turner was placed on the list of supernumerary examiners.

In connection with the new rule sanctioned by the Privy Council, under which the admission of midwives to the Roll without examination is sanctioned for a further period (up to September 30th, 1910), at the discretion of the Board, the following midwives were admitted to the Roll:—

### APPLICATIONS FOR CERTIFICATES UNDER RULE B 2.

The following applications for certificates, under Rule B 2, were granted:—

Sarah Catherine Abbott, Lettie Bailey, Susan Barnes, Ellen Best, Mary Jane Bishop, Ellen Blee, Mary Agnes Clayforth, Caroline Cook, Elizabeth Farn, Clara Godsell, Harriet Hallett, Emma Harrington, Annie Hughes, Margaret Hunter, Sarah Annie James, Elizabeth Jones, Mary Anna Jones, Florence Jordan, Annie Keegan, Ann Keogh, Sarah Leigh, Elizabeth Mellor, Sarah Meredith, Ida Jane Nicholson, Elizabeth Precoe, Elizabeth Preston, Fanny Prince, Mary Ann Pugsley, Elizabeth Rackstraw, Elizabeth Redsell, Jane Ann Richardson, Mary Ann Roe, Caroline Rolfe, Mary Rolph, Alice Rose, Elizabeth Scragg, Elizabeth Seed, Eliza Shewring, Alice Shuttleworth, Jane Smith, Elizabeth Hamilton Speirs, Ellen Spooner, Maria Stewart, Fanny Varge, Catherine Watson, Hannah Whitfield, Catherine Beatrice Wood, Eliza Cheesman.

The applications of 33 were refused, and 11 adjourned for further inquiry.

The Standing Committee recommended that, unless under special circumstances, no application from a woman who had already failed to pass the Board's examination be submitted for consideration by the Board.

Miss Paget opposed this on the ground that they were recognising women with no training at all, and that candidates who presented themselves for the Board's examination had at least had some training.

The Chairman said that they had not tested the knowledge of the former applicants, but if the Board enrolled women whose knowledge had been tested in their examinations, and who had been rejected because they were incompetent, it would assume an indefensible position. Nevertheless, the Board decided to adopt this course.

It was decided after some discussion not to consider applications from women who had attained the age of 70.

The application of the authorities of the Leeds Maternity Hospital for its recognition as a training school was granted, as was that of the Lambeth Union Infirmary, subject to its being made clear that the 216 deliveries last year were intern and not extern.

The applications of the following doctors for approval as teachers were granted:—Dr. Robert Applegarth Hendry, Dr. Henry Moncrieff Macgill, Dr. Clifford White, F.R.C.S., Dr. Margaret Mitchell Ritchie.

The applications of the following midwives for approval to sign Forms III. and IV. were granted:—Maude Evelyn Farrar (No. 29826),



Cecilia Jarvis (No. 493), Edith Emily Smith (No. 24673).

#### SECRETARY'S REPORT ON EXAMINATION.

The Secretary presented his report on the April examination, which showed the percentage of failures to be 12.8. The Chairman said that they started with a percentage of failures of 22 per cent. The decrease was not due to a lowering of the standard, but to the better teaching of the pupils. It is further interesting to notice that the failures at the last examination from the training schools were 9 per cent., from the private tuition candidates 20.9.

The next meeting of the Board was fixed for June 30th.

### The Training of Midwives.

The Duchess of Hamilton presided at the fifth annual meeting of the Woolwich Home for Mothers and Babies (Training School for District Midwives) held at the Deanery, St. Paul's, on Tuesday last. Canon Holmes, referring to the decreasing population, said that those who worked among the cottage homes knew there was no greater danger to the country than the untrained nurse. Dr. J. S. Fairbairn stated that the training imposed for the certificate of the Central Midwives' Board was altogether too short for those who had not had previous hospital work. The loss of infant life was appalling, and it would pay the State to do something. Miss A. S. Gregory also pointed out that England lagged far beyond Continental nations, which insisted on longer periods of training.

### The Rural Midwives' Association.

The seventh annual meeting of the Rural Midwives' Association was held on Tuesday, May 31st, at 3, Grosvenor Place, by kind permission of Lady Esther Smith.

In the unavoidable absence of Mr. H. J. Tennant, M.P., through illness, Dr. Champneys occupied the chair.

Dr. Champneys, in his opening speech, gave a short history of the movement. He said that the Act which came into force this year had stopped the offices of the friendly neighbour except in cases of emergency, and at first it seemed likely there would be an appalling shortage of midwives ready to take their places. But that fear was not likely now to be realised, and indeed from some places the report came that there were too many. The London County Council state no more are required in the County of London, so that the question resolved itself into one of redistribution.

A great many midwives who presented themselves for examination did not intend to practise at all, but in April, 1909, about one-third of those who presented themselves intended to practise as rural midwives, which was a very satisfactory proportion. He suggested to benevolent people that instead of always endowing beds or cots in hospitals, they should endow a midwife for some rural district, the remoter the better.

Mrs. C. Hobhouse said that the older members of

the Society would remember that at first they aimed at supplying women trained in midwifery only, but of late years the demand that they should also have general training had enormously increased. This training was, of course, desirable, amongst other reasons because in some districts they might have weeks of enforced idleness owing to the scarcity of cases. The additional training brought with it very considerable increase in expense so that in future they would have to raise the fee to subscribers from £12 12s. to £14 14s.

Dr. Downes pointed out the importance of working in harmony with the local medical men. He warmly advocated the necessity of giving midwives general training as nurses also, and said that in Holland they were required to hold a two years' certificate of general training, and were only obliged to have effected ten deliveries. He wished that Poor Law Guardians would see the necessity for making more provision for the nursing of their out-door sick poor. In the rural districts, where suitably trained nurses were provided, if they were to pay in proportion to the services rendered it would solve a great difficulty.

Mrs. Arthur Holland said that the Surrey County Council had provided courses of lectures to midwives, the lecturer being Dr. Mary Locke. The Local Committee had also purchased several books to lend to midwives.

Dr. Sydney Stephenson said that the real reason of his presence that afternoon was that he should speak about ophthalmia.

From a quarter to a third of the blindness in this country was due to that disease; 99 out of every 100 cases could be prevented. He came to speak very willingly, for he was sure that if the public once understood what was the cause of this terrible affliction, it would insist that it should be prevented. He had little doubt that in time notification of this disease would be compulsory. He considered that any trouble in this respect would be well rewarded if they could save one single child from the eternal night of blinded sight.

Dr. Fegan dwelt on the absolute necessity of cleanliness, not comparative, but actual. He said that in a large poor district he had made up his mind to purge the Roll, and he had done it successfully. There were large numbers of medical men and forty midwives, and he had got rid of 19 undesirable. Their one object must be to insure immunity during parturition for mother and child. He would ask Dr. Downes to represent to the Local Government Board the desirability of the payment of the full fee, £1 1s., to medical practitioners, called in by midwives to attend cases with which they are unable to deal, as at present medical practitioners often received no fee at all. He was glad to know of the extended time of grace for registration, and had caused it to be widely known.

Mr. Fremantle, in commenting on Dr. Stephenson's remarks on ophthalmia, quoted a comment of the late King on the subject: "If preventible, why not prevented?"

With the usual votes of thanks, the meeting then terminated.

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XLIV.

## Editorial.

### PROFESSIONAL DAMAGE.

The splendid public meeting convened by nurses trained at St. Bartholomew's Hospital, which we report in another column, demonstrated convincingly the solidarity of Bart.'s nurses in their attitude towards the recent appointment made to the Matronship of that historic hospital, and in regard to the policy to be pursued in connection with it. It demonstrated most clearly also that public opinion is with the nurses.

There was deep feeling at the action of the Election Committee in ignoring the high standard of nursing education and practical training which it had been the pride and life-work of their late Matron to maintain, by the selection, as her successor, of a Matron's Assistant from the London Hospital, where the certificate awarded after two years work is of indefinite value.

There was strong indignation at the professional damage inflicted on every certificated Bart.'s nurse by the same committee by its contemptuous depreciation of the certificate of their school in the public mind. Nevertheless, true to their training, they made their public protest in a manner, which, though effective, was dignified, and worthy of the traditions of St. Bartholomew's, so that no one could fail to recognise it as the protest of disciplined women, placing a strong restraint upon themselves.

No animus was exhibited, still less was self interest the motive of the meeting. It was a loyal defence of the silent and defenceless dead, and a self-respecting expression of determination to uphold professional standards. For twenty-eight years the certificate of St. Bartholomew's Hospital has stood to the world as a guarantee of a well-defined standard of nursing—it means

that each woman who has earned it has passed through a systematic three years term of practical service in the wards and the necessary theoretical instruction, and, after examination, has been certificated as efficient. No nurse who does not hold this certificate is eligible for promotion to a Sister's post.

At the London Hospital, from which institution the Election Committee have seen fit to promote a Matron's Assistant, who has never had an independent charge, to the position of Matron and Superintendent of Nursing at St. Bartholomew's Hospital, a certificate is awarded after the short term of two years' experience. No definite curriculum of training is secured to the pupil, even in this inadequate term, as during the two years she may be called upon to do clerical, domestic, or office work, or may even be promoted to the position of Sister. Perhaps this is why no examination is considered requisite for second-year nurses. The certificate is, moreover, qualified by the addition of remarks at the discretion of the Matron, in spaces left for that purpose, and by "damning with faint praise" may be practically useless to its possessor.

Is it surprising that Bart.'s nurses should be indignant that it is proposed to place their school under the superintendence of a lady holding a certificate so inferior to their own?—a certificate which does not even guarantee that the holder has spent the inadequate period of two years in the wards of the London Hospital, while their own certificate, as we have shown, stands for three years' practical training and work in the wards, tested by examination at its conclusion.

As it appears that the Election Committee are unwilling to protect the pro-

professional status of their own nurses and the high standard of practical work of which they have been justly proud, is it surprising that the nurses have taken the defence of their certificate into their own hands? We think that it will be conceded that it is in extremely able ones.

## Medical Matters.

### SUN BATHS AND NATURE CURE METHODS.

Dr. Flora Murray, in the course of a series of lectures delivered at Baylis House, Slough, as reported in the *British Health Review*, explained the great therapeutic value of sun baths and deplored the fact that they were not employed in hospitals and convalescent homes. She pointed out that by means of sun baths the temperature of the body is raised, the circulation stimulated, the oxidation of proteids rendered more complete, and the elimination of waste products by the skin and lungs more rapid. Such a stimulant are they for the entire nervous system that the brain becomes more active, and the improved metabolism gives a sense of well being and vitality to the whole body. Dr. Murray pointed out that though the maximum of benefit is derived from a proper "Cure" sun bath as administered in a Nature Cure Sanatorium, benefit could be derived even in an ordinary bedroom, and she ridiculed the idea that we have not sufficient sunlight in this country for the purpose, saying that even in the winter we neglect to avail ourselves of the rays of the sun as we might. Only three things are required for a sun bath:—light, air, and privacy, the best effect being obtained when the rays of the sun fall direct upon the body—not through glass—the entire surface of the skin being exposed, and the bath being taken in the open air, wet compresses being used to protect the head and nape of the neck. Dr. Murray pleaded for the establishment of facilities for sun baths in all hospitals, sanatoria, convalescent homes, open air schools, gymnasia, etc. Turning to the consideration of Nature Cure methods in general, Dr. Murray pointed out that the more we cultivate civilised occupations the greater is the strain laid upon the nervous system, and consequently the greater the need to turn to Nature Cure methods in order to correct this. She insisted on the importance of exposing the whole body systematically to the influence of light and air, and upon bathing and rubbing the body, performing deep breathing exercises and systematic general physical culture, living, eating, and sleeping as much as possible in the open air, and adopting a correct diet. She advised

those to whom these ideas were new to go and study them in a Nature Cure Sanatorium, and then carry them into home life. Dr. Murray had much to say that was interesting as to the curative power of the earth itself, and advised sleeping not merely in an air hut but right out in the open. Dr. Hector Munro mentioned that in his experience in India cases of fatal sunstroke were invariably heavy meat eaters and drinkers amongst Europeans, and he instanced a European who had been very ill at first on going out to India, and who on studying the habits of the natives determined to live as they did, adopting two light, non-flesh meals a day, with the result that he not only recovered his health, but achieved a fitness and power of endurance he had never known before, and to the astonishment of everyone he was able to walk long distances, like a native, in the intense heat of the Madras hot season, without any sort of head covering.

### THE PATHOLOGY OF MALARIA.

Major Ronald Ross, in a lecture on the causes of malaria delivered last week at the Royal Institution, dealt with the pathology of malaria and its history in Europe. In the Homeric period there was no mention of malaria, neither was there in the writings of the poet Hesiod, who lived in a valley which was now highly malarious.

### LECTURES ON BABIES.

On Tuesday, last week, Dr. Ralph Vincent gave his fifth and last lecture on Babies at the Infants' Hospital, Vincent Square, on "Clinical Cases, Illustrative of Various Diseases and Their Treatment."

Several convalescent infants were shown in the lecture room.

*Case I.*—Intense atrophy, admitted at the age of nine months, weighing 9 lb. 3 oz.; after treatment for five months, 13 lb. 2 oz. Still gaining weight.

*Case II.*—Congenital specific disease, admitted with temp. 103 degrees. Head retracted. Had been given mercury, grs. ij. every day since Jan. 4th. Ready to be discharged on condition of mercurial treatment being continued. Dr. Vincent drew attention to the incessant and frenzied crying of cases of this kind.

*Case III.*—Scorbutus, due to cooked food. Had been admitted with typical tenderness of the legs, due to hæmorrhage under the periosteum, the knees tightly swollen and shiny. Marked apprehension of being touched. It had been most difficult to find any food the infant could digest.

*Case IV.*—Intestinal obstruction.

*Case V.*—Atrophy.

*Case VI.*—Broncho Pneumonia.

## The Estimation of the Blood Pressure.

Dr. George J. Heuer, Assistant Resident Surgeon at the Johns Hopkins Hospital, Baltimore, contributes to its *Nurses' Alumnae Magazine* an interesting article on the above subject. He writes:—The practical importance of

estimating the blood pressure in man has long been recognised both by physicians and physiologists. Previous to the introduction of instruments of greater or less precision, the palpating finger was the blood pressure apparatus of the physician, who, by digital compression of the vessel wall, was able to judge more or less accurately the arterial tension of his patient.

While this was an imperfect means of estimating blood pressure, especially in the absence of instruments for comparison, the idea of measuring it by compression of the vessel wall was important, and has formed the basis upon which all the instruments for measuring arterial pressure have been constructed.

Although considerable work had been previously done upon the determination of the blood pressure, especially by Marey, no practical instrument for estimating the arterial tension in man had been devised until Von Basch in 1887 published a description of his instrument. He had previously, in 1881, described an instrument to which he gave the name of sphygmomanometer for determining the human blood pressure, but it had not proven to be of practical usefulness. The instrument which he

described in 1887, called by the same name, embodied the principles of his first instrument, was a distinct improvement over it, but still was open to several objections. It is shown in the accompanying cut, Fig. 1. As originally described, it consists of a metal cylinder (B) called an air pelotte (seen in vertical section in upper part of cut) over one end of which is tied a rubber membrane and the other end of

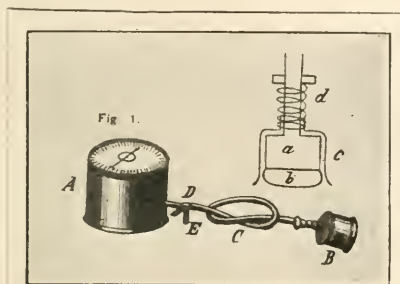
which is connected by a rubber tube with the manometer (A). By means of the cock (D) the entire system is filled with air under low pressure so that the rubber membrane bulges a little. In using the instrument, the cylinder (B) is placed along the course of a blood vessel, the slightly bulging membrane in contact with the skin. Pressure is

exerted upon it until the vessel is obliterated—that is, until the pulse disappears below the point of pressure. The pressure necessary to accomplish this is read

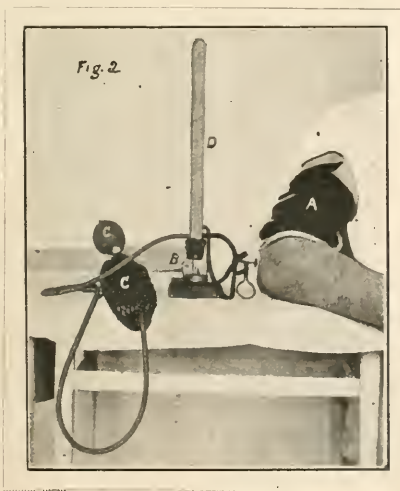
off the manometer and is equal to the blood pressure. While such an instrument gives a fairly accurate value of the blood pressure in superficially placed vessels, such as, for example, the temporal artery, it becomes less reliable when used to determine arterial tension in vessels deeply placed or covered by a thick layer of muscle or fat.

Since the appearance of the Von Basch Sphygmomanometer, a number of different instruments have been described. His instrument was adapted chiefly to estimate the systolic or maximum blood pressure; and the

greater number of the instruments which have followed are adapted to the same purpose. With others the diastolic or minimum pressure



The Von Basch Sphygmomanometer.



The Riva-Rocci Sphygmomanometer.

Modification used at present in the Johns Hopkins Hospital.



may be estimated, while with one or two, such as the Erlanger instrument, both systolic and diastolic pressures can be determined. The principle in all is much the same. The improvements have been the substitution of a leather or canvas pneumatic cuff for compressing the vessel, and the use of some inexpensive, convenient form of manometer by which the pressure can be read off in millimeters of mercury.

Of the various instruments invented, that of Riva-Rocci has proven the most practically useful for general hospital and outside work, and is the one which is at present used in the Johns Hopkins Hospital. It was first described by Riva-Rocci in 1896, and since that time has undergone various modifications, the most important perhaps being the substitution of a wide for a narrow pneumatic cuff as in the original instrument. It has been experimentally tested by a number of investigators and found to be sufficiently accurate for general purposes. The principle on which it is constructed is the same as that of the Von Basch instrument—that is, it measures the amount of pressure necessary to obliterate the pulse peripheral to a point of constriction.

The instrument which is used at present in the hospital is shown in Fig. 2. It consists of a broad leather cuff (*A*) on the inner surface of which is a flat rubber bag connected with a rubber tube with a mercury manometer (*B*) and through it with a double rubber bulb (*C*). Compression of the air through this system causes the mercury in the chamber of the manometer to rise in the tube (*D*) which is provided with a millimeter scale so that the height of the column can be read off in millimeters of mercury. The determination of the systolic or maximum blood pressure with this instrument is very simple: it consists in determining the amount of pressure necessary to completely obliterate the artery—that is, to prevent a pulse from passing through the region under compression. The cuff is placed around the arm between the elbow and shoulder, and snugly but not too tightly buckled in place; then with the fingers on the radial artery at the wrist, so that the pulse can be most easily felt, the bulb (*C*) is "pumped" until the pulse at the wrist disappears. During the act of pumping, air is forced into the rubber bag under the leather cuff, causing compression of the brachial artery until it is obliterated: at the same time the pressure causes the mercury in the tube (*D*) to rise. Since the pressure throughout the system is everywhere equal, the height of the column of mercury in the tube will measure in millimeters the pressure necessary to obliterate the artery. The moment the

pulse at the wrist disappears indicates the maximum or systolic pressure in the brachial artery. As the pressure is lowered again by allowing the escape of air, the pulse at the wrist reappears. The first, faintest, palpable return of the pulse at the wrist is used to indicate the blood pressure, and is measured by the height of the mercury column at which this occurs. Thus the blood pressure as obtained in practice is slightly lower than the actual blood pressure, the error depending upon the delicacy of touch and the practice of the individual taking it. The error should not be great, and, generally speaking, two individuals taking the same blood pressure should be able to read values within five millimeters of each other. The average blood pressure in young adults varies between 110 and 120 millimeters of mercury; in older adults is found to be between 120 and 140. In children it is lower, and with increasing age it generally rises. Prolonged rest in bed may cause it to fall to 85 or 90 even in adults, while, under pathological conditions, such as nephritis, it may rise to 220 or even 300. The absolute value of the systolic blood pressure is often of not so great importance as the relative change in the blood pressure; especially is this true in the acute medical and surgical conditions in which rapid rises or falls in the blood pressure may be expected.

It is not the purpose of this short note to enter into a discussion of the various medical and surgical conditions in which the estimation of the blood pressure is of value. As a means of clinical diagnosis; in following the results of therapeutic treatment, and in the field of surgery, its usefulness has steadily increased. Because of this increasing use it has become necessary that every nurse should be able to take accurate blood pressure observations in order that she may follow her cases intelligently. Especially in certain surgical conditions, such as states of increased intracranial pressure, it is of the greatest importance to follow the blood pressure, for it furnishes one of the most reliable means the nurse has of knowing the condition of her patient.

## League News.

### SHADWELL NURSES' LEAGUE.

The annual re-union of the Shadwell Nurses' League—the League of the Nurses of the East London Hospital for Children—was recently held at the hospital. We are asked to state that any former nurses or Sisters wishing to join the League are requested to communicate with Miss M. E. Knight (Hon. Sec.), Rapphys, Horsham, Sussex.

## The Standard of Nursing at Bart's

The Public Meeting, held at the Medical Society's Rooms on Monday, June 6th, "to consider the position of the Nursing School at St. Bartholomew's Hospital, and to take such action as may be desirable" upon the appointment of a Matron's Assistant from the London Hospital to the position of Matron and Superintendent of Nursing at St. Bartholomew's Hospital, to succeed the late Miss Isla Stewart, although convened only at a few days' notice, was crowded to the doors, every available seat in the room was filled, and far out into the passages, and the room beyond, the standing room was also occupied. It is estimated that three hundred nurses and their supporters were present, and, even before the meeting opened, it was quite evident that the strong determination animated everyone present, that the splendid work for humanity and the professional reputation of their late Matron should not be contemptuously ignored without the strongest possible protest, and that the value of the Bart's certificate should not be depreciated without the reason for this injustice being inquired into. The feeling through the room was electric, and there was no question that the meeting was of one heart and one mind.

The meeting was called to order by Miss Maud Banfield (cert. St. Bartholomew's Hospital), formerly President of the American Society of Superintendents of Training Schools for Nurses, who called upon the Secretary, Mrs. Shuter (cert. St. Bartholomew's Hospital) to read the notice convening the meeting.

Mrs. Shuter then reported letters and telegrams of warm support and sympathy too numerous to read, including letters from members of the Scottish Nurses' Association, and from the Irish Nurses' Association. The following are of special interest:—

DEAR MRS. SHUTER.—In case I may be prevented from attending your meeting at the last moment, I am writing to you to say how I sympathise with the nursing staff of St. Bartholomew's Hospital, in having a nurse from another institution—and that one the London—put over their heads. Unless the Electing Committee are in possession of knowledge which is not available to the rest of us, I can conceive of no step more calculated to damage the prestige of the St. Bart's nurses in the eyes of the public than this one, or to undermine the feelings of loyalty of the Bart's Staff to their own institution.

I can understand that the present staff are unable to express their feelings openly and freely on the subject, having due regard to the question of discipline, so that I am glad to see

that the matter is being taken up outside. I wish you every success. From what I have heard in conversation with other Bart's men there is a considerable feeling of indignation abroad.

Very truly yours,

LEONARD DOBSON, M.D., Lond.,  
*Governor of St. Bartholomew's Hospital.*

DEAR MRS. SHUTER.—I learn that you are arranging for a meeting to be held to-night to protest against the appointment of a Matron to St. Bartholomew's Hospital, who has not been trained in that institution. I regret exceedingly that I cannot attend this meeting, and hear what transpires, for on the face of it, and unless adequate explanation is forthcoming, it seems to me that a grave slight has been passed on a large number of ladies who have in no way deserved such treatment.

Yours sincerely,

RICHARD REECE, M.D.,  
*Governor of St. Bartholomew's Hospital.*

DEAR MADAM.—I am very sorry that it is impossible for me to be present on Monday, as I much wished to join in the protest against what can only be described as an unwarrantable and unprovoked attack on the good name and the reputation of our Nursing School. Fortunately these stand so high, and are so firmly grounded, that no attack, from whatever quarter delivered, can do more than provoke amazed contempt.

But it has been a great shock to all of us, who, like myself, have always had the firmest belief in the mutual loyalty, honour, and good faith of Bart's and its government.

There is no member of the Nursing School, either past or present, from the most experienced Matron to the youngest probationer, who does not understand, and feel, that an intentional slight has been cast upon a body who were, to a woman, loyal to their great Alma Mater and her teachings.

It is an insult to many memories that the successor to our late Matron should have been chosen from a hospital with a lower standard of training than St. Bartholomew's Hospital.

I have no doubt but that our protest will take such a dignified and effectual form as shall make it worthy of the traditions of Bart's.

I am, dear Madam,

Yours faithfully,

M. MOLLETT,  
*(cert. St. Bartholomew's Hospital, Matron  
Royal South Hants and Southampton  
Hospital).*

The following telegram Mrs. Shuter said she read with special pleasure as it was from a lady who for five years had held the position of Sister at the London Hospital:—

"Sorry impossible to attend meeting. To me it seems incredible that the authorities of St. Bartholomew's Hospital should have offered so gratuitous an insult to the memory of their late Matron, and to their own training school.—K. V. MACINTYRE, Matron, Infirmary, Wigan."

## THE CHAIRMAN'S ADDRESS.

Miss Maud Banfield, in opening the meeting, said that the question under discussion was not a small matter concerning only those present, perhaps it affected them least of all; but it concerned the future of nursing, and of Bart's probationers. It was a great grief to Bart's nurses to think that the work of the 23 years of her life which their late Matron had given to the advancement of its School seemed for a moment discounted by the election. as her successor of a lady who had taken a stand in opposition to the late Miss Stewart. The appointment set the hands of the clock back to reaction, in the hospital whose Matron had taken a foremost place in promoting not only the advancement of nursing, but of women's work generally. It might frankly be admitted that the question of registration of nurses had very possibly something to do with this matter, and it must be understood that registration concerned the public even more than the nurses. When nurses asked for registration they were not moved by self-interested motives, but were asking for the protection of the public. Was any hospital which did not protect the public the friend of the public?

Miss Banfield spoke of the reputation of Bart's nurses abroad, and specially of two who had worked as she had done in Philadelphia, whose reputation, though they were foreigners in a foreign country, had spread all over the United States.

She referred also to the late Miss Catherine Loch, who organised, and was first Superintendent, of the Indian Army Nursing Service, and to the work of Bart's nurses in the Navy and Military Nursing Services. It was quite impossible to suppose that there had been a sudden slump, and that no one of them could be found capable of assuming the position of Matron and Superintendent of Nursing—if the old traditions were to be carried on. "Ladies and gentlemen," said the Chairman, "what is the matter, don't they want a high standard, don't they want high ideals? The cynics say that ideals are uncomfortable things, but a person without ideals is dull, and a nation without ideals is wicked."

## RESOLUTION I.

The Chairman then called on Miss E. B. Kingsford (cert. St. Bartholomew's Hospital) to move the first resolution, as follows:—

This Meeting of Trained Nurses and others interested in the efficient care of the sick, desires to express the widespread regret which is felt that the Election Committee of St. Bartholomew's Hospital have selected a lady from the London Hospital, where a two years' certificate of training

is awarded, to be Matron and Superintendent of Nursing of St. Bartholomew's Hospital, and is strongly convinced that the decision will cause the gravest injury to the prestige of its time-honoured Three Years' Certificate of Nursing, and imperil the efficiency and success of the Nursing School of St. Bartholomew's Hospital.

This Meeting is of opinion that by their action the Election Committee of St. Bartholomew's Hospital have (1) publicly expressed their want of appreciation of the arduous and self-sacrificing work done for the Hospital and the public for the past 23 years by the late revered Matron; (2) their conviction that not one of the nurses trained under her direction is worthy of selection to succeed her in office, and (3) that thereby they are condemning both the efficiency of the educative work of their medical and nursing staffs, and also the methods adopted by the Governors themselves for the management of a great public and historic institution.

In view of the action taken by the Election Committee this meeting considers that a Public Inquiry should be immediately made into the methods of management of the Nursing School of St. Bartholomew's Hospital, by the whole body of Governors.

This meeting, furthermore, is strongly of opinion that the said Public Inquiry should also investigate the condition of the Nurses' Home of St. Bartholomew's Hospital, which has for years been condemned as insufficient for the accommodation of the Nursing Staff, as insanitary, and as a death-trap in case of fire for the nurses who occupy the antiquated houses which compose the Home.

## THE PROTEST.

Miss Kingsford said that it was with very mixed feelings that she rose to move this resolution. She was proud that her voice should be the one selected to be raised in protest, and she was filled with indignation that such a vindication of their late Matron, and the work she did, should be necessary. Miss Stewart was straight, loyal, high principled. She inculcated these virtues into every nurse trained under her, and she always had at heart the good of the whole nursing profession. It was with a feeling of burning indignation that her pupils learnt, while letters of respect for her, and admiration for her work, were still being received from all parts of the world, that that work was put aside, by the very people for whom it had been so loyally performed.

Beyond this Miss Kingsford drew attention to the depreciation of the value of the Bart's certificate by the action of the Committee, that certificate for which those who held it had toiled for three years in the wards, at the cost of personal discomfort in the antiquated Home, in order that they might win the certificate they coveted. Now that the value of that certificate had been so depreciated was it not time that Bart's nurses were adequately housed?

The Chairman called on Mrs. Stabb to second the resolution.

Mrs. Stabb (cert., St. Bartholomew's Hospital)

expressed her amazement and indignation at the appointment against which the meeting was called to protest. When she first heard of it she thought it just a joke in very bad taste—it seemed too outrageous to be true. She spoke of the whole-hearted enthusiasm and self-sacrifice of Miss Stewart in her work, not only for the good of St. Bartholomew's Training School, but for the whole nursing profession. Amongst other things, Miss Stewart felt most strongly the absolute necessity of a minimum of three years' training in the wards for all nurses. The speaker said she felt most acutely, as all Bart's nurses did, the slight and insult to Miss Stewart's memory that a lady trained in the School was not appointed as her successor, and that indignation was increased tenfold by the fact that the institution from which the new Matron came grants its certificate at the end of two years. Had there been no good women trained under Miss Stewart available for the post, and well equipped for it, Bart's nurses could have made no complaint of the Governors going outside their own hospital, but even then they had a right to expect the authorities would have made a three years' certificate a *sine qua non*, and that they would have appointed a lady who had already held a Matron's post—but they did neither.

Those who loved Miss Stewart had been united in one common bond of sorrow—they were now united in one common sentiment. All felt most truly thankful she had passed away, and had been spared this cruel blow, which would assuredly have broken her loyal heart.

The Chairman then invited Mrs. Bedford Fenwick, formerly Matron of St. Bartholomew's Hospital, to support the resolution.

Mrs. Bedford Fenwick said that she ardently supported every clause of the Resolution, because a sense of righteous indignation prompted her to instantly protest against an incredible injustice to the living and the dead.

"Who," she asked, "could have imagined that, with tears still salt in the mouth for the loss they have so recently sustained, that hundreds of Bart's nurses, during the past shameful week, should have cried passionately, 'Thank God she is dead,' and that it is a relief to us to know that our dear *Isla Stewart* sleeps serenely in her little green grave. She had a tender heart; ingratitude base and bitter might have broken it.

"Her faithful sisters stand sentinel, knowing full well that no power of evil can tarnish her fame. To-night we must make that quite clear. Callous and cruel has been the indignity offered to her memory, but a record of such noble service, such blessed kindness, such exquisite loyalty in every relation of life possesses a sweet savour, an imperishable and exhilarating essence, which is, and must for ever remain, a joy.

"She has out-soared the shadow of our night."

Mrs. Fenwick then read the letter sent by the King (then Prince of Wales), President of the Hospital, to Lord Sandhurst, the Treasurer, on the occasion of Miss Stewart's death, when Sir Arthur Bigge wrote:—

"His Royal Highness had known Miss Stewart

for some years, and fully realises what a great power for good she was, not only in the administration, but as a personal influence in the hospital."

And an extract from the Report of the Treasurer to the Governors, April, 1910, in which Lord Sandhurst writes:—

"As head of the nursing staff Miss Stewart did much to improve the system of education and training of the nurses, and thereby secured greater efficiency in the nursing of the Hospital, which I understand from the medical staff is of an unusually high standard.

"Although my personal acquaintance with Miss Stewart extended over little more than a year, I frequently had occasion to consult her on matters of importance, and I at once realised that the Hospital had in her an officer of very exceptional ability."

With this official testimony before them Mrs. Fenwick thought the Governors, whom she has always found reasonable men, would want to know, as that meeting wanted to know, why Miss Stewart's pupils had been penalised, and her system ignored, by the Election Committee, which had appointed a Matron's Assistant to succeed her in office.

Mrs. Fenwick referred also to the point in the resolution, that the lady appointed came from a hospital where nursing is guaranteed after an insufficient *two years'* term of training, and to the consequent depreciation of the value of the St. Bartholomew's certificate of *three years' training* in the wards. All the world over that certificate has been the open sesame to professional preferment of the highest responsibility.

Mrs. Fenwick contrasted the conditions at St. Bartholomew's where the remuneration was good, no sweating of private nurses permitted, and where liberty of speech and conscience were conceded to all, and thus loyalty to authority maintained, with those at the London Hospital, where a certificate is awarded after two years' experience, for which upwards of £100 must if possible be paid, or in lieu thereof a further term of indentured labour is exacted, when at least this sum is deducted from the fees paid for the services of nurses on the private staff. The system was frankly commercial.

She then referred to the action of the authorities at St. Thomas's, Guy's, and King's College Hospitals within recent years, who invited distinguished Matrons, trained in their own schools, to return and superintend the School of their Alma Mater. Why was not this done at Bart's, and even if it was thought wise to advertise the post, why was an age limit inserted known to exclude all the most prominent women trained in the School, and why did the advertisement require no substantial professional experience from candidates for so important a post. The appointment made, when first announced, seemed so incredible and monstrous that it was considered a libel on the Election Committee. But this unspeakable thing had been done.

"We want," said Mrs. Fenwick, "an inquiry because we want to know why this outrage has been perpetrated. Alas! man is very much man



where women's work is concerned. May we assume without presumption that the Committee and Medical Staff at Bart's have been dazzled by the men out of the East—have been told how lucrative is the exploitation of nursing labour? Have they had a peep at that wonderful balance-sheet and noted the huge profits, estimated at not less than £15,000 a year, wrung out of the nursing staff at the London Hospital?"

#### THE CHALLENGE.

"But," continued the speaker, "this appointment is not a question for any one section of nurses, or, indeed, for trained nurses as apart from the whole community of working women.

"This grave injustice is no unintentional act. Primarily it injures the worthy staff at Bart's, but it is a Challenge, and an intimation to the whole nursing profession that no professional co-operation, no demand on their part for just professional organisation, no protective legislation, no liberty of conscience, no freedom of speech, no degree of self-government shall be theirs—unless those who claim them are prepared to pay the price of no professional promotion. That is the challenge which the autocratic trustees of charitable funds fling down. That is one of the reasons why we are here to ask for justice to-night. 'No professional promotion for registrationists' must be met at once by the demand for immediate legislation to protect nurses from coercion and persecution if they act according to the dictates of conscience for the benefit of the public and their profession."

#### THE NURSES' HOME.

In relation to the last Clause of the Resolution, Mrs. Fenwick pointed out that for thirty years the housing of Bart's nurses had been a discredit to the House.

The Treasurer, in his report to the Governors in April, 1909, wrote of the Nurses' Home:—

"I need not dwell upon the general unsuitability of the existing accommodation, and the inefficient provision of lavatories and bath-rooms, but I must express the extreme anxiety with which I regard the possibility of a fire occurring in certain parts of the Home, the structural arrangements being such that, in the event of an emergency, the consequences could not fail to be very serious."

As far back as 1886 plans were drawn for the new Nurses' Home, but space was not then available; when it was secured a new Out-patient Department and Quarters for the Resident Medical Staff were found to be imperative. When the latter was opened in 1904 the night nurses were promoted to the insanitary quarters vacated by the resident medical staff.

She believed a resolution stood on the minutes that on the completion of the Out-patient Department no further block should be erected until after the new Nurses' Home, but by 1908 the palatial Pathological Block had been built, and the Nurses' Home Fund of £6,000—£2,000 of which had been collected and given by the Nursing Staff—was borrowed for this purpose. Almost incredible but true. A Home in which the lives of the nurses were safe must be provided.

#### AN APPEAL TO CÆSAR.

Mrs. Fenwick concluded:

Let us appeal to Cæsar, and to the great body of Governors to enquire into the reason for this appointment, let them know how deeply every Bart's nurse resents the indignity to the memory of Miss Isla Stewart, and the depreciation of her professional status.

With all my heart I support the resolution. In moving it, Bart's nurses are inspired by no ill feeling, but by commendable self-respect. I hope the resolution will receive the warm support of the meeting, and will be carried unanimously.

#### OPEN DISCUSSION.

The Chairman then invited discussion.

Mr. T. W. Craig, who stated he had come from the country to attend the meeting, said that he spoke not as a medical man, or one who was interested in exploiting nurses, but as the "man in the street." The public had a great interest in the training of nurses, and the question involved was a question of standards. There was a strong feeling on the part of the lay public that they wanted no retrograde step in regard to nursing standards. He hoped the appointment would not be allowed to go through without a strong appeal to Cæsar. The support of brave, independent spirits in the nursing profession was needed to fight a wrong of this kind. He would like to know if, as had been stated, many of the Governors were innocent, who was the guilty party.

The Chairman said that what Governors and Trustees did not know about their own hospitals was perfectly incredible.

Mrs. Turnbull inquired whether any lady Governors were on the Election Committee, and was answered in the negative, though two of the Governors are fully-trained nurses.

Mrs. Shuter said that neither Bart's nurses nor the public would take this affront lying down. They would press for an inquiry and a public report of the result.

#### SPEECH OF THE PRESIDENT OF THE BART'S LEAGUE.

Miss Cox-Davies (cert. St. Bartholomew's Hospital, Matron of the Royal Free Hospital) remarked that a good deal had been said by ladies, holding the certificate of the school, no longer engaged in active work. She spoke as one at present holding the office of Matron of a hospital with a medical school attached, and, as President of the League of St. Bartholomew's Nurses, founded by Miss Isla Stewart, and including nearly 700 nurses holding the certificate of the hospital; as the spokeswoman of these nurses, many of them holding positions as Matrons of important hospitals, who loved their late Matron, and who inspired by her to do so had loyally served the hospital and the medical staff.

Nurses were what their Matron made them, and if Bart's Nurses were without reproach—though at the present moment there were many to throw stones at them—it was due to Miss Stewart's teaching. They worked before the public in hospitals and elsewhere, and their work could speak for itself. Let anyone come and inspect it.

They were there that night to defend the good

name of their late Matron, and in the name of the 700 women holding the certificate of the hospital, and associated in the League, she said, as they would, she knew, wish her to say, that they were bitterly resentful of the affront placed upon Miss Stewart. Many of them owed every bit of their professional success to her. She tried to make good nurses of them, and good women also, straight, true, conscientious, self-sacrificing, ready to think first of the sick, loyal to those who governed them.

And, if the Governors thought for any reason that fresh blood was advisable, Bart's nurses were willing loyally to accept their decision. Had a woman been selected with wide professional experience, she, and others also, would have held out the hand of warm friendship to her; but they were not ready to accept anyone who held a lower qualification than the Bart's certificate. The protection of the standard for which that certificate stood was a trust to Bart's nurses from their late beloved Matron, and as President of the Bart's League she felt it her duty to speak on that League's behalf.

The resolution was also supported by Dr. Kingsford, Dr. Bonney, and others, and a fund in connection with the expenses was opened by Mr. T. W. Craig with a promise of £5, and of as many guineas and smaller sums by others in the room.

The resolution was then carried unanimously with the greatest enthusiasm.

#### RESOLUTION II.

The Chairman then called upon Miss Beatrice Kent to move the second resolution.

That copies of the foregoing Resolution be sent to his Most Gracious Majesty the King as President of St. Bartholomew's Hospital, to every Governor, and to the Members of both Houses of Parliament, with the humble and earnest Petition of this Meeting that a Public Inquiry shall be immediately made by the whole body of Governors into the matters referred to, and that justice shall be done to the memory of a noble woman, to the body of women trained under her direction, and that the very grave dangers to life by fire shall be averted from the nurses of St. Bartholomew's Hospital by the erection forthwith of a new Nurses' Home.

#### A CORPORATE RIGHT.

Miss Kent said she was not a St. Bartholomew's nurse, but she claimed her corporate right, as a member of the nursing profession, to move the resolution. She regarded the appointment as an act of intimidation. In regard to the Nurses Home, nurses were public servants, and it was a public duty to see that their accommodation was sanitary, safe, and comfortable.

The resolution was seconded by Miss E. C. Parry (cert., St. Bartholomew's Hospital), supported by Dr. Hanson, Dr. Flora Murray, Mr. Robert Baker, and others, and also carried unanimously.

A most remarkable and successful meeting, at which many matrons not trained at St. Bartholomew's, and ladies of social position, were present to support Bart's nurses in their claim for justice, concluded with a hearty vote of thanks to the Chairman, who had conducted the meeting with great intelligence and tact.

M. B.

## The Society for the State Registration of Trained Nurses.

There was a very crowded meeting of members at the Annual Meeting of the Society for the State Registration of Trained Nurses, at which Lady Helen Munro Ferguson presided, at 11, Chandos Street, W., on Thursday, June 2nd.

The minutes of the last Annual Meeting having been read and confirmed, Lady Helen gave the following address from the chair.

#### THE CHAIRMAN'S ADDRESS.

I think that what we are all most conscious of here to-day is of the gap in our ranks. It is probably not so much the business to be transacted, which has brought this large meeting together as the thought of the friend and leader who has passed away. No one is more conscious than I am of the difficulty of adequately expressing our sense of the loss of Miss Stewart. I cannot speak from personal knowledge of her professional achievements, of the qualities she displayed in discharging the duties of her office, but her success is known to the world and the professional positions which she filled (which Lady Helen enumerated) show the high estimate in which she was held by the whole nursing profession. But perhaps it is fitting that one who knew her best outside her special environment should speak of her to-day. What impressed me most in Miss Stewart was her wisdom in a different capacity. Her gifts of mind and character were of the high order which makes a man or woman an effective force in any position. I knew her best in the committee room, where she fought an uphill battle, and for many years she was a leader in the Registration movement, in which the promoters had to contend with many adverse currents and mysterious undercurrents.

Then there was a comet in the firmament, a comet with a wondrous tail, upsetting to reasonable influences, but still Miss Stewart went serenely on. No check upset her equanimity, or daunted her courage. In fighting hard for a cause she maintained her equilibrium. We are all apt to make things we have very much at heart somewhat personal matters, but Miss Stewart was of too big a nature for that. She always conducted argument with courtesy, appreciated her opponent's point of view, and was ready to compromise when compromise did not affect the principles at stake.

We are glad that she lived long enough to see eight important societies, whose representatives meet as one committee under the chairmanship of Lord Amphil, united in support of one Registration Bill. By this agreement the Registration movement has reached a different and more hopeful stage. There are still difficulties to be faced. We still have our comet blazing over the East End of London—(A Voice: And over the City)—but the best test of any woman's work is that it should prosper after she has passed away. It proves that her aims were high, her cause just, and her methods right. What Miss Stewart worked for you may win, and raise the standard of nursing in this country. There are many ready to carry on her

work, and what you gain will not only benefit your own profession, for improved status cannot be gained by one set of workers without the benefit being extended to those in other branches.

In Miss Stewart's country it used to be the custom to raise a cairn on the mountain side in memory of the dead. Every friend of the deceased person brought a stone, until at last the cairn was raised high and stood out as a landmark, a noble and lasting monument.

Each one can do something to help on the work for State Registration, which she had so much at heart, to import into it her big-heartedness, and wide sympathy, and so raise a lasting memorial to the leader whom we mourn to-day.

#### RESOLUTION.

Miss Heather Bigg, Matron of Charing Cross Hospital, then moved the following resolution:—

The Society for the State Registration of Trained Nurses desires to place on record its profound sorrow at the death of its President, Miss Isla Stewart.

The nursing profession has been deprived of a most inspiring and courageous leader, and has suffered an irreparable loss, by the death of one of its most brilliant members.

Miss Stewart's efforts for the advancement of nursing education and organisation were unceasing, her mental endowments, and generous breadth of character of the highest order, and her death removes from our ranks a splendid example of noble womanhood.

*Resolved* that we tender to the nursing staff of St. Bartholomew's Hospital our heartfelt sympathy in their great bereavement.

It was seconded by Miss L. V. Houghton, Matron of Guy's Hospital, who said she regarded it as a privilege to second the resolution recording the Society's sense of the irreparable loss it has sustained by the death of its President.

The resolution was passed in silence by the meeting, everyone in the room standing.

Mrs. Bedford Fenwick, Hon. Secretary, then said that our loss in this country had been deeply deplored by our colleagues in America, and they also had by the death of Mrs. Hampton Robb, through a sad accident, lost a very dear leader and friend. The Executive Committee had, on behalf of the members, expressed their grief and sorrow to the members of the American Society of Superintendents of Training Schools for Nurses, and she had received the following letter from Miss M. Helena Macmillan, R.N., Hon. Secretary:—

DEAR MRS. FENWICK,

The American Society of Superintendents of Training Schools for Nurses has instructed me to return most grateful thanks to the Executive Committee of the Society for the State Registration of Trained Nurses for its expression of sorrow and sympathy with us in our great loss.

Will you be so good as to convey to your Society our most heartfelt thanks and appreciation of its message of sympathy.

Believe me,

Yours truly,

M. H. McMILLAN,  
Secretary.

#### THE ANNUAL REPORT.

Mrs. Fenwick then presented the Annual Report, which recorded that 128 new members had joined the Society during the past year, making a total of 2,844 since it was formed, and further, that the two Scottish Associations and the Irish Nurses' Association were also working actively for the same end. The most important events referred to were the formation of the Central Registration Committee, and the introduction of a Nurses' Registration Bill with the support of all the Societies represented upon it into the House of Commons.

The Fund opened by the Executive Committee on November 26th, with the object of raising £100, had met with gratifying support, and £105 17s. had been contributed to it.

The audited accounts showed a balance in hand of £49 4s. 10d.

#### THE ELECTION OF HON. OFFICERS.

Mrs. Bedford Fenwick was then unanimously elected President of the Society, on the proposition of Mrs. Walter Spencer, seconded by Miss L. A. Morgan; and Miss M. Breay Hon. Secretary, on the proposition of Miss Beatrice Kent, seconded by Miss Barton.

#### THE EXECUTIVE COMMITTEE.

The Executive Committee was re-elected, Miss Elinor Pell Smith being elected to fill the vacancy caused by the resignation of Miss M. Helena Sherlock, delegate of the Leicester Nurses' League, to whom a special vote of thanks was passed.

The following ladies were added to the Committee:—Miss Elma Smith, President, Hendon Branch, and Miss C. B. Leigh, President, Cleveland Street Branch, Central London Sick Asylum Nurses' League; Miss M. Wright, Matron, Stobhill Hospital, Glasgow, and Miss A. Carson Rae, Secretary, Irish Nurses' Association.

#### RESOLUTION.

The following Emergency Resolution was then moved by Miss H. L. Pearse:—

The Society for the State Registration of Trained Nurses, in Annual Meeting assembled, desires to direct the attention of the public, and of Parliament, to the injury done to well-trained and reputable nurses, and nursing homes, by the exploitation of their professional uniform, and of bogus nursing and massage homes, for criminal and vicious purposes.

This Society calls upon the Government to give facilities, without delay, for the passing of a Nurses' Registration Bill, and upon Local Authorities to provide for the inspection and registration of Nursing Homes—a provision which would be welcomed by Homes of reputable standing—in order that the members of an indispensable and honourable profession may be dissociated in the public mind from criminals and prostitutes.

Miss Pearse said that there was no doubt whatever that the evil referred to in the resolution was a crying one, of which most nurses were aware. The remedy was State Registration of Trained Nurses, and inspection and supervision of nursing homes. The genuine homes would cordially welcome inspection, and the other kind would have



to close their doors, or, perhaps, open them to the police. There was immediate need for dealing with this matter. The amount of blackmail carried on in bogus nursing homes and massage establishments led to a terrible degradation of nursing in the public mind.

Mrs. Bedford Fenwick, in seconding the resolution, said the exploitation of nursing homes had been an abominable scandal for years past, which of late years had increased in violence and impetuosity, and could only be stamped out by registration and inspection. Many conscientious women were conducting nursing homes in a most admirable manner. These homes were a blessing and convenience to the public, who should help to keep up a high standard.

Trained nurses were a body of honourable and hard-working women who loved their work. They were very useful to the community, and the public owed them some reparation for its long neglect of their interests.

The resolution was carried unanimously, and after a hearty vote of thanks to Lady Helen Munro Ferguson, for her kindness in presiding, the members adjourned to 2, Portland Place, on the kind invitation of Mrs. Walter Spencer, who most hospitably invited the whole meeting to tea, an invitation which was greatly appreciated.

## The Scottish Matrons Association

The quarterly meeting of the Scottish Matrons' Association was held on Saturday, May 28th, in the Royal Infirmary, Edinburgh. Miss Gill, Hon. President, presided. Twenty-two members were present. Many letters of apology for absence were received.

The following resolution was put from the chair and passed:—

"That we, the members of the Scottish Matrons' Association, beg to record our sympathy with Queen Alexandra in the grievous bereavement which has befallen her, and our deep sense of the loss sustained by all who work in hospitals and kindred institutions, together with the whole nation, in the death of his Most Gracious Majesty King Edward VII., who ever granted his special sympathy to the sick and suffering."

The resolution was embodied in a letter of condolence to Queen Alexandra, and forwarded through the Secretary for Scotland.

Miss Gill stated that a laurel wreath had been sent to London for the King's funeral in the name of the Association.

Nine new members were elected.

Discussion followed on various subjects. It was suggested that, at next meeting, a paper be read by a member.

On the conclusion of the meeting, the President entertained the members to tea in her rooms. This was much appreciated. A very pleasant hour was spent, making and renewing acquaintance with distant members.

## Appointments.

### \* MATRONS.

**Retford Hospital and Dispensary, Notts.**—Miss Lillie Gee has been appointed Matron. She was trained at the City of London Infirmary, where she held the position of Staff Nurse for a year. She has also been Night Sister at the General Infirmary, Oldham, Sister of the Male Wards and Theatre at the General Infirmary, Wrexham; Surgical Sister of Male and Children's Wards (with Ophthalmic Division), at the Bury General Infirmary (Lancs); and of Home Sister, Theatre Sister, and Assistant Matron at the same hospital. She has also been Matron at Ebbw Vale Accident Hospital, Monmouthshire.

**Lowestoft and District Maternity Association.**—Miss Ethel Dixon has been appointed Matron. She was trained at the Royal Southern Hospital, Liverpool, and has held the positions of Queen's Nurse at Darlington, Superintendent of the District Nursing Home, Swansea, and Inspector of Midwives under the Hampshire County Council.

**Leasowe Castle Convalescent Home for Railwaymen.**—Miss E. Salsbury has been appointed Matron. She was trained at the North-Eastern Hospital, London, and has held the positions of Sister at the Southwark Infirmary, East Dulwich; Sister and Night Sister at the Children's Hospital, Pondebury; and Assistant Matron at the Seaside Convalescent Home, Seaford, Sussex.

### ASSISTANT MATRON.

**Stirling District Asylum, Larbert, N.B.**—Miss M. Jones has been appointed an Assistant Matron. She was trained at St. Mary's (Islington) Infirmary, and has held the positions of Staff Nurse at the National Hospital; Sister at the General Hospital, Wolverhampton; Sister at the County Hospital, Durham; and Sister at the District Asylum, Melrose.

### SISTERS.

**The Blackburn and East Lancashire Infirmary, Blackburn.**—Miss Tessie McGuffoy has been appointed Sister. She was trained at the Royal Infirmary, Liverpool, where she has been Sister-in-Charge of the operating theatre. She has also had experience of private nursing.

**The Infirmary, Tiverton.**—Miss Mabel Hartley has been appointed Sister. She was trained at the Royal Infirmary, Halifax, and has held the position of Staff Nurse at the Hospital for Women, Soho Square, W.C. She has also had experience of private nursing.

### SISTER-HOUSEKEEPER.

**Royal Infirmary, Bradford.**—Miss Edith Crichton has been appointed Sister-Housekeeper. She was trained at the County Hospital, Lincoln, where she held the position of Sister. She has also been Night Sister at the Queen's Hospital, London, and temporary Home Sister and Assistant Matron also.

### SCHOOL NURSES.

**Education Committee, Notts County Council.**—The following ladies have been appointed School Nurses under the Notts County Council:—

Miss B. Watkins, who has held the position of School Nurse and Health Visitor at Huddersfield.

Miss Collier, who has been District Nurse at



Mansfield Woodhouse, and recently Health Visitor in Birmingham.

Miss Lucy Marriott, who has had experience of District Nursing and Private Nursing, and has worked as Health Visitor under the Notification of Births Act at Retford.

#### LADY HEALTH VISITOR.

**Monmouthshire Educational Committee.**—Miss Hilda Blanche Richards has been appointed Lady Health Visitor under the Educational Committee of the Monmouthshire District. She was trained at the Great Northern Central Hospital, and the London Fever Hospital, Islington, and since 1908 has been a member of the Registered Nurses' Society, London.

#### QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Miss Caroline Helen Keer, R.R.C., on her retirement, is granted permission to retain the badge of Queen Alexandra's Imperial Military Nursing Service, in recognition of her long and meritorious service.

Miss Mary Warburton to be Staff Nurse (provisionally). Dated May 18th, 1910.

#### QUEEN VICTORIA'S JUBILEE INSTITUTE.

*Transfers and Appointments.*—Miss Florence Worthington, to Goole; Miss Catherine West, to Bolsover; Miss Alice Middleton, to Dukinfield; Miss Ellen Nicholls, to Worcester, as training midwife; Miss Eva Wood, to Penzance (Madron); Miss Ada Borlase, to Redruth; Miss Alice Matthews, to Tondou; Miss Caroline Lee, to Dunvant; Miss Bertha Ashworth, to Darwin; Miss Edith Berry, to Hastings; Miss Elizabeth Richards, to Llangadock.

#### THE PASSING BELL.

We regret to record the death of Miss Mary Jane Millard, who, for the past twenty-one years, has worked in Bath in connection with the District Nursing Institution, as a District Nurse, in the districts of Walcot and Larkhill.

The funeral service took place at Christ Church, where there was a large congregation, chiefly composed of former patients of Miss Millard, and was conducted by Preb. B. Norton Thompson. Besides the near relatives there were also present Miss Gaskell, Superintendent of District Nurses, and many members of the nursing staff. Miss H. A. Hope, Hon. Secretary of the Bath District Nursing Institute; Mrs. Muller, Secretary; Mrs. Carter, Sub-Treasurer; and Miss Watson, a member of the Committee of the Bath Maternity Charity. There were many gifts of flowers from patients.

We greatly regret to record the death of Miss Mary White, for twelve years Superintendent of the Nurses of the Northumberland County Nursing Association (of which the Duchess of Northumberland is President), who died and was buried at Cologne on her return from Ober-Ammergau, where she had been to see the Passion Play. It will be a consolation to her friends to know that her sister, the Superintendent of a Nurses' Home in Glasgow, was with her. The Rev. Mr. Seddon, Vicar of Painswick, Gloucestershire, also a friend, was with the party, and conducted the funeral service.

## Nursing Echoes.



The report of the Council of Queen Victoria's Jubilee Institute to her Majesty Queen Alexandra for the year 1909 states that during the year fresh arrangements have been made in regard to the training of Queen's Nurses, and associations can now be supplied much more rapidly than twelve months ago, unless the nurse is required to hold the certificate of the Central Midwives' Board, in which case there is still considerable difficulty. In 1909 there were 214 Queen's nurses added to the Roll, and 136 village nurses have been trained at a cost of approximately £6,199. The expense of this training has been borne by County Nursing Associations, with the help of County Councils towards the cost of the midwifery training. There is also a demand for special training in different directions, i.e., for work amongst school children, and to combat tuberculosis.

Miss Amy Hughes, the General Superintendent, has been left free to devote herself to developing and supervising the organisation as a whole, and to advising on the many questions and problems which are brought to the Institute for solution and help, by the appointment of Miss Macqueen to the newly created post of Nursing Superintendent for England. The general supervision of this great organisation is incompatible with systematic superintendence of the branches without great strain upon the official concerned, and the appointment of Miss Macqueen is one upon which the Institute is to be congratulated.

By the kindness of Miss Hastie, a meeting, in support of women's suffrage, to which all nurses are cordially invited, will be held at 49, Norfolk Square, W., on Wednesday, June 15th, at 8.30 p.m. The Hon. Mrs. Haverfield will preside, and the meeting will be addressed by Mrs. Pankhurst. Tea will be served at 5 p.m.

The Guildford District Nursing Association so much appreciated amongst the poor is now enlarging its sphere of work by including midwifery. A small charge will be made, consistent with the means of the patient, but these fees will not cover the increased annual expenditure. It is earnestly hoped that this statement by way of appeal, may receive generous recognition from a large number of new subscribers.

Nowhere is the work of nurses of greater value than in the outlying parts of the Empire, and the readers of this journal know that much good pioneer work has been done by Miss E. M. Newman, in far Kashmir. Last year a Mission Dispensary was opened at Rainawari, of which the Governor, Sahib Mannoohan Nath Koul, who was unavoidably prevented by illness from being present, in his speech, sent for the opening day, wrote as follows:—

"All of you are perhaps perfectly well aware of the efforts made and the labours taken by Miss Newman in connection with the Mission Dispensary at Rainawari. The pains taken by the lady for the acquisition of the land and construction of the building, the opening ceremony of which is being performed to-day, are worthy of much credit and praise. Miss Sahiba has been displaying so much perseverance and sympathy with the public that everywhere wherever I have had occasion to go she has been highly praised and respected by the public. Miss Sahiba has earned wide reputation for her kindly treatment, and this adds much to her credit. As a matter of fact, the Zenana Mission Hospital is an unmixed blessing for the public which is better imagined than described."

Miss Newman reports that now the staff are working in the airy new dispensary they cannot think how they managed to live and work in the little native house for six long years. She is specially grateful for gifts of pomegranate trees for the garden, as so many women with fever ask her for a pomegranate.

Dr. Valentine, the Inspector of Hospitals in New Zealand, has initiated a scheme—and has suggested it should be carried out by the Hospital Boards of the Dominion—by the new Hospitals and Charitable Institutions Act, of bringing within reach of the sick and lying-in women in far distant country districts the aid they so sorely need. The Boards have not had time to consider fully this part of their duties, says Kai Tiaki, but the nurses, anticipating the calls for their services, are now adding midwifery training to their general nursing. This is the right course—experience in midwifery added to efficient nursing experience—not insufficient nursing knowledge tacked on to a short midwifery course, the system so unwisely advocated in rural districts in this country.

On the occasion of the presentation of medals and certificates to the nurses of the Johannesburg Hospital, on April 30th by Mrs. van der Berg, Mrs. Magill, Nursing Superintendent, presented a report on her department, which numbers 101 Sisters, nurses, and probationers. During the year Sister Brown has resigned the

position of Home Sister on her appointment to the Matronship of Barberton Hospital. Sister Turner has been appointed Home Sister and Staff Nurses Clapp and Bryan Sisters of wards. Twenty third-year nurses have passed the hospital examination, and been awarded certificates, and fifteen have passed the examination of the Transvaal Medical Council. The Gold Medal was won by Nurse Allison, and the Silver Medal by Nurses Moore and Stewart with equal honours. Mrs. Magill again records her conviction that a post-graduate course of lectures on the newer methods prevailing in European hospitals could not fail to improve the general standard of nursing throughout the hospital, and would be greatly appreciated.

### The Territorial Force Nursing Service of the City and County of London.

A meeting of the Executive Committee of the above Service was held at the Mansion House on Tuesday last. The Lady Mayoress presided.

Lady Dimsdale was appointed to serve on the Isla Stewart Memorial Committee; Miss H. L. Pearce to a seat on the Executive Committee; and Lady Susan Gilmour to represent the Executive Committee on the Standing Committee of No. 2 General Hospital.

At the meeting of the Grand Committee, which followed, the following ladies were elected members:—Miss McCall Anderson, St. George's Hospital; Miss Cox-Davies, Royal Free Hospital; Mrs. Ewart; Lady French; Mrs. Fuller; Miss Haldane; Lady Hamilton; Miss Hamilton; the Hon. Mrs. Henniker; Lady Maud Hoare; Miss Amy Hughes, Queen Victoria's Jubilee Institute for Nurses; the Countess of Jersey; the Hon. Mrs. Maxse; Mrs. Hope Morley; Lady Portman; Lady Sandhurst; Lady Blanche Granville Smith; Lady Esther Smith.

#### No. 1 GENERAL HOSPITAL.

Miss Cox-Davies, Matron of the Royal Free Hospital, trained at St. Bartholomew's Hospital, and President of the League of St. Bartholomew's Hospital Nurses, was unanimously elected Principal Matron of No. 1 General Hospital, in the place of the late Miss Isla Stewart, an appointment which is calculated to be very popular, as the hospital is entirely staffed by certificated Bart's nurses.

#### THE LADY MAYORESS AT HOME.

The Lady Mayoress most kindly invited the members of Committees, and the whole Nursing Staff, to a reception at the Mansion House on the evening of October 10th. This hospitality will be anticipated with great pleasure.

## Reflections.

### FROM A BOARD ROOM MIRROR.

The Queen, who has always shown a great interest in our hospitals, has, during the past week, forwarded a present of flowers to several Metropolitan hospitals.

Her Majesty Queen Alexandra has given permission for the new wing to be added to the British Home and Hospital for Incurables in connection with the Charity's Jubilee in 1911, to be named the Queen Alexandra wing.

We are glad to learn that the Hospital for Women, Soho Square, will receive the sum of £1,000 as the result of the recent bazaar.

The Trustees of Smith's (Kensington Estate) Charity have sent a donation of £536 to the Hospital for Women, Soho Square, for the Rebuilding Fund. The building is nearing completion and will, it is hoped, be ready for occupation by patients in July. There is still £2,500 needed to finish the work and open the hospital free from debt.

At the quarterly meeting of the Governors of St. Mary's Hospital, Paddington, at which Mr. W. Austen Leigh presided, reference was made in the annual report to the unsatisfactory financial position of the hospital. Despite the contribution of £1,000 from King Edward's Hospital Fund for London, specially for the reduction of the debt, the end of the year found it increased by £2,534. The amount of the debt is now £9,782, while the total investments available to cover deficiencies of income are valued at only £9,852. The average cost of an occupied bed in hospitals of similar standing is £81 10s. 9d.; at St. Mary's it is £77 3s. 5d.

At the Annual Court of Governors of the Hospital for Sick Children, Great Ormond Street, last week, at which Mr. Arthur Lucas presided, it was stated in the annual report that the Committee had been driven to take a step never forced upon them before, and to sell out £9,598 of the general fund to pay off the debt incurred to the bankers, and to meet current expenditure.

The Colonial Office has taken prompt action to deal with the outbreak of yellow fever at Sekondi, West Africa, where there have been eleven cases, all except one proving fatal, eight of the victims being Europeans. There have also been two fatal cases at Freetown. Immediately the outbreak was notified the Earl of Crewe, K.G., Secretary of State for the Colonies, summoned an emergency meeting of the Advisory Medical and Sanitary Committee for Tropical Africa, and acted through the Committee's advice. Sir Robert Boyce, Dean of the Liverpool School of Tropical Medicine, immediately offered his services, and with a staff of six medical officers has left for Sekondi, and two other medical

officers for Freetown. We may hope, therefore, that this prompt action will result in the extinction of the yellow fever mosquito, and consequently of the disease.

Sir Alfred Keogh, late Medical Director of the Army Medical Service, will distribute the prizes to the students of the Medical School of St. Thomas's Hospital on Thursday, June 23rd, at 3 o'clock.

## Diphtheria "Carriers."

The persistence of the diphtheria bacillus in the throats of apparently quite healthy persons is one of the most difficult problems in connection with the control of that disease. This fact has for some time past been engaging the attention of Medical Officers of Health, School Medical Officers, Naval and Military Surgeons, and private practitioners alike, and the first step in dealing with an outbreak of the disease is now by general consent to find the "carrier."

Some useful notes in this connection\* may be found in a manual on "Disinfection and Sterilisation," by Dr. F. W. Andrewes, Pathologist of St. Bartholomew's Hospital. Dr. Andrewes utters a warning against relying on antitoxin alone in the treatment of diphtheria. He points out that the antitoxin acts as an antidote to the poison formed by the diphtheria bacillus, but it has little germicidal action upon the bacilli themselves, which may continue to flourish in the throat, though their evil effects are antagonised. It is therefore of essential importance to apply local disinfectants to the seat of the disease. Dr. Andrewes shows that whilst in most cases the diphtheria bacilli vanish from the throat within a week or a fortnight from the time the membrane has disappeared, there are other cases in which they persist much longer. It is generally known that they may be found after cultivation for months after the disease has gone, indeed cases are on record when they were still virulent in their effect upon animals six months after the attack of diphtheria. Dr. Andrewes suggests various measures for the local disinfection of the throat, and amongst suitable gargles and sprays he includes Izal (1 in 100, or even stronger if the patient can bear it).

Messrs. Newton, Chambers, and Co., Ltd., who have asked us to draw attention to Dr. Andrewes' remarks state that they do so because they have received a number of inquiries from medical men regarding the use of their Izal for diphtheria carriers, and they feel they may with propriety quote an accepted authority in the professional journals. Messrs. Newton, Chambers, and Co. also ask us to draw attention to a report on the value of Izal as a gargle by Dr. Knyvett Gordon, sometime Medical Superintendent of the Monsall Fever Hospital at Manchester, copies of which they will send to medical practitioners on receipt of a post-card addressed to their laboratories at Thorncliffe, near Sheffield.



## "Science in Modern Life."

The fifth volume of the above work has been issued, and should claim wide interest in the nursing profession. It contains surveys of Agriculture, Philosophical Biology, Physiology and Medicine, and Anthropology. We have been led through the sciences in evolutionary order, from the Ice Age down to wireless telegraphy, the properties of radium, the serum treatment of diseases, and the treatment of consumption. A chapter devoted to the subject of Public Health reviews the lowering of the death-rate, eradication of disease, legislation for phthisis, reports of the Registrar-General, pulmonary tuberculosis, cancer, enteric fever, small-pox, scarlet fever, etc. Charts showing death-rates from all causes and from phthisis show that since 1838 the death-rate from all causes has gone steadily down. The death-rate from phthisis has decreased per million persons from 3,000 in 1853 to 1,200 in 1905. In 1869 enteric fever claimed 380 per million persons, while in 1905 it was reduced to 120. Small-pox has almost gone from among us, and scarlet fever because of its less malignant form is less fatal. In woeful and remarkable contrast stands out the death-rate from cancer. From 1851 it has increased steadily from 300 to 900 per million.

The publishers—the Gresham Publishing Company—are to be congratulated on the production of such a useful and much required work.

E. A. S.

## Our Foreign Letter.

FROM THE UNITED STATES.



DEAR EDITOR.

—You must have a little account of the annual meetings which have just taken place; as you know, the two socie-

ties though not meeting this year as a Federation, yet met in the same week and with programmes arranged so that members of both could go to all the sessions; the Superintendents had two days and the Alumne three, while the other was given to a joint session at Teachers' College, where occupations for invalids and convalescents, mental and nervous cases, and the handicapped were most instructively and helpfully treated of.

The meetings were good and full of interest, and important questions; they were serious and quiet, and no entertainments or merrymakings took place. A public meeting in Carnegie Hall was devoted to the commemoration of Florence Nightingale's life and influence. It was also a serious occasion, and while the large hall was packed with nurses and others who desired to show their homage to the venerable pioneer nurse, there was nothing of the worldly spirit therein, but more the atmosphere of a tribute to one who may at any moment pass

into the beyond. But more personal and appealing was the exhibit of her writings, portraits, and photographs, letters, and other mementos which was arranged in excellent style and effectiveness at Teachers' College. This was a really valuable and interesting collection, and, with the exhibit of work done by patients, will remain on view for some weeks to come. Tea served at Teachers' College on the afternoon of the joint day was the only social occasion, and brought together a large assemblage of nurses from all over the country.

The event of greatest value and significance, as you no doubt will agree, was the establishment of a memorial to Isabel Hampton Robb. A joint committee representing the two societies presented the suggestions, and outlined the first steps to take, and the nucleus of a permanent committee has been formed. It was decided to create scholarships for nurses desiring to take special post-graduate work, as the form that this memorial shall take, and I feel sure that this is of all things the one that would have made our lost leader most happy, for it unites all that she stood for in the progress of the nursing profession with that personal care for the individual, and that human warmth of helpfulness which always made her own personality so lovable and strong.

A further suggestion made by Miss Delano does, I think, complete in a quite admirable way the harmony of the memorial with Mrs. Robb's broadly catholic world interests. She proposed that the scholarships should not be limited to any one institution of learning, but should be applied anywhere—"perhaps," as she wisely said, "to educational institutions that are not now in existence, and that we cannot naturally know of. We do not know just how the nursing education of the future will develop, or what forms it will take; and let us create this fund to be used for the needs of nurses in preparing for any form of special work. Perhaps some will wish to take the study courses of the schools of philanthropy, some will want to go to Teachers' College, others may want what we cannot now foresee." All details of administration will, of course, have to be worked out by a suitable committee or central executive board. Moreover, the scholarships need not, of course, be of the same amount, but may vary according to the special need. This suggestion was hailed with the deepest and most cordial approval by the whole assemblage, and three thousand dollars were promised before the sessions closed. It was agreed that we would work for not less than fifty thousand dollars (£10,000), and that as much more than this as we could get would be all the better, as there need be no limitation on the sum total. Miss Hay, Superintendent of the Illinois Training School for Nurses, was chosen as Chairman of the Fund Committee for the ensuing year. Appeals for gifts are to be made through all the ramifications of our nurses' organisations, and naturally hospital directors and all the many groups of people who have been associated with Mrs. Robb in her manifold activities may also contribute.

Now I shall tell you a little of the personal side of the meetings. Our dear Miss Linda Richards, the first woman in the United States to gain a



diploma, was not there, but she was made an honorary life member of the Superintendents' Society. She has retired to private life, and is, I am sorry to say, quite lame; were it not for this she would be absolutely as useful in active work as ever, as she is still young and vigorous in looks, in spirit, and in general health—her colour rich, her eyes radiant. She is writing some memoirs, and keeps hold of a thousand individual interests in the lives and problems of the many women she has trained.

Miss Drown was not present. She, too, is very far from strong, and has not been on duty for a long time. Miss McIsaac was there, and is one of those having taken on a wonderful rejuvenation since her departure to the farm. Her profession does not leave her in peace; she is on the *Journal* directors, does a great deal of writing, and was elected by the Alumnae as Inter-State Secretary, an officer whose opportunities of usefulness are simply unlimited.

Before the day closed on which she was elected she received an urgent call to go to California to help work out problems there. Miss Banfield has gone back to England; Miss Walker has retired to private life, and was not at the meetings; neither was Miss Snively, who will conduct her last commencement exercises at the Toronto General this June and then retire on the very nice annuity that has been given her by the hospital. Miss Nevins was there, chipper and energetic as ever; Miss Genevieve Cook was there, having quite recovered, and presented the report of the Committee on Re-organisation, which was considered this year and will be finally adopted next year. Our societies are like big lusty children that have outgrown all their clothes, all our constitutions, by-laws, qualifications, and requirements are much too small; we are bursting out of them in every direction, and will have to throw them all away and get a new outfit.

Miss Nutting, of course, was there, and presided with her usual charm and dignity over the Superintendents' Society; Miss Delano has made a remarkable President for the Alumnae, and was unanimously re-elected. She has gone much over the country in the last year in connection with her Army and Red Cross work, and is going out to the Philippines in the coming year.

Crops and sheaves of splendid young women are growing up; it is a most refreshing and encouraging spectacle. One feels so perfectly easy in one's conscience about going to sit down by the fire and spin. Let the young ones take up the battle.

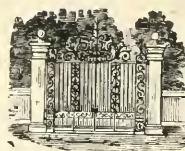
There is a canny enemy in sight to be driven away—the men who are simply fretting to get all the reins in their own hands. And I have become so convinced that we, in common with all women, need the ballot for self-defence and further progress, that I have swept everything except my International Council and *Journal* work off my decks, and am going to devote myself in future to the work of digging and ploughing for THE VOTE.

So with best wishes that you may soon get it too, I am as ever, faithfully and sincerely,

L. L. Dock, R.N.

## Outside the Gates.

### WOMEN.



The King's action in conferring the first of the birthday honours upon the Queen will commend itself to all women. His Majesty has been pleased to command "as Sovereign of the Most Noble Order of the Garter that the title and dignity of a lady of that Most Noble Order be conferred upon her Majesty the Queen"; as husband he has bestowed on his wife the highest honour which is his to give.

Nurses in active work cannot give a great deal of time to the Women's Suffrage movement, but many can, if they will, join the great procession, organised by the Women's Social and Political Union, on Saturday, June 18th, which is to be "the most splendid and marvellous demonstration that has ever been known, not only in London, but in history." Members of over a dozen of the best-known and most important Suffrage Societies will join the procession, and from every part of the country women of all professions and trades will come to walk under their own special banner, in a procession that will stretch for over two miles along the chief streets of the Metropolis.

The procession will form up on the Embankment at 5.30 p.m., start at 6.30 p.m., and march to the Albert Hall for the great meeting, at which Mrs. Pankhurst will preside. Nurses wishing to join their special contingent under their own banner, must join it by 5.30 at Section E 3, close to the Temple Station. Those who can do so should come in indoor uniform; if this is impossible, then wearing the colours, with outdoor uniform or ordinary dress.

Although part of the Hall is reserved for those walking in the procession, it is advisable to secure tickets, a few of which, at 6d. each, can still be obtained from Miss Trim, 143, Church Street, Kensington. The Hon. Secretaries for the Nursing Contingent, Miss Townsend and Miss Pine, appeal to every nurse in sympathy with the women's movement, to join the contingent, and hope that the Nursing Profession will send a contingent worthy of the occasion.

Mrs. George Cran, writing to the *Weekly Times*, makes an urgent plea for the emigration of midwives and monthly nurses to Canada, and the position of women on the outlying farms of the Dominion, approaching their confinements without any prospect of any assistance—except possibly that of some half-breed, whose knowledge of the elementary rules of cleanliness is less than nothing—is sufficiently heart-rending. At the same time nurses must remember that in Canada they would

have neither civic enfranchisement nor professional enfranchisement through State Registration, and their position is therefore very precarious. If Canada desires the assistance of English women it should pass a Women Enfranchisement Bill without delay; but in our opinion Englishwomen are not well advised to emigrate to any country where they have not the security afforded by the Parliamentary franchise. The suggestion made by Mrs. Cran, that the only way to get at the lonely farms is through bands of itinerant midwives, a sort of mobile corps unattached to any town or building, but working under efficient direction, is a very practical one, evidently the outcome of a personal knowledge of the requirements of the country.

## Book of the Week.

### DAISY'S AUNT.\*

"Daisy's Aunt" is a very slight story, but, told by Mr. Benson, it is, of course, readable. But, truth to tell, the interest lags a little, and the shuttlecock of conversation, in which he usually excels, does not fly with the same light certainty of return as usual.

The people of these pages are of the leisured class, with for the most part pleasant dispositions, whose motto, "*il faut s'amuser*," is accompanied by a determination to marry if possible wisely but certainly well.

Daisy says, "I am hard and worldly and disgusting, but I want to be right at the top of the tree, and if I married Willie I should just be Mrs. Carton. . . . I want such a lot of things to make me happy—all there is, in fact—and poor, darling Willie hasn't got all there is. He's the sort of man I should like to marry when I'm forty-three. He would be quite charming if one were forty-three. He's quite charming now, if that comes to that. . . . but he's too devoted. It's one reason for not marrying him."

"I don't think it's a good one, though," remarked Gladys.

"Yes, it is. Because a man always expects from his wife what he gives her. He would be absolutely happy living with me on a desert island, but he would tacitly require that I should be absolutely happy living with him on a desert island. Well, I shouldn't—I shouldn't—I shouldn't—I should not! Is that clear?" Daisy gave a great sigh, and went over the folded door of the hansom.

"I'm not sure if I want to marry Lord Londfield or not," she said, "but I'm perfectly certain I don't want him to marry anyone else. I think I should like him to remain wanting to marry me, while I did not want to marry him. . . . Oh, don't look shocked; it's so silly to look shocked, and so easy."

But then Daisy's Aunt Jeannie returns after a year's absence, and discovers insuperable difficulties in the way of the fulfilment of Daisy's ambitions. She, still being a young and charming woman, con-

ceives the idea of attracting Lord Londfield to herself in order to save Daisy the pain that disclosure of the truth would give her.

"It is an intolerable rôle," said Lady Nottingham. "You cannot play with love like that. It is playing heads and tails with a man's life, or, worse, you are playing with his very soul."

"And a month afterwards it will be he who will be playing with another woman's soul," said Jeannie quietly. . . . "I am only making myself the chance woman with whom he happens to think himself in love at the time when he proposes to settle down and marry. He shall propose marriage therefore to me. . . . I will do my best that Daisy shall never know. . . . I cannot measure his possible suffering against Daisy's. It is through him that the need for doing this has come."

We learn the reason for this when, her tactics having succeeded, Lord Londfield passionately approaches her.

"I am here to tell you that you have done an infernally cruel thing, for I take it that it was to separate Miss Daisy and me that you did it; it is only just I should know. By my love for you . . . I bid you tell me."

Then Jeannie commanded her voice again.

"You were in Paris two years ago," she said.

"There was a woman there who lived on the Rue Chalignon. She called herself Madame Rougierre."

"Well?" he said.

"Daisy's sister," said Jeannie with a sob.

H. H.

### COMING EVENTS.

#### THE WOMEN'S CONGRESS.

June 6th to 11th.—Japan-British Exhibition. Great Hall, Cascade Café. 3 to 5 p.m.

June 10th.—"National Health."

June 11th.—"Nursing." Chair, Her Grace the Duchess of Montrose. Territorial Nursing and Red Cross Organisation: Miss E. S. Haldane. Japanese Red Cross Work: Miss Ethel McCaul. The Trained Nurse's Sphere in Red Cross Work: Mrs. Notterville Barron. Nursing as a Profession: Mrs. Bedford Fenwick. District Nursing: The Lady Hermione Blackwood. Social Service Nursing: Miss H. L. Pearce.

June 12th.—Hospital Sunday.

June 15th.—Meeting for Nurses on Women's Suffrage, 49, Norfolk Square, W. Chair, Hon. Mrs. Haverfield. Speaker, Mrs. Pankhurst. 3.30 to 5.30 p.m.

June 18th (postponed from May 28th).—Procession of Women Suffragists from the Embankment to Albert Hall, organised by the Women's National Social and Political Union.

### WORD FOR THE WEEK.

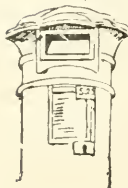
"Queen Elizabeth was said to be the exception which proved the rule that women were unfit to rule, but Queen Victoria proved that Queen Elizabeth was no fluke."

SIR GEORGE REID,

Congress of Women, Japan-British Exhibition.

\* E. F. Benson. (Thomas Nelson and Sons, London.)

## Letters to the Editor.



*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.*

### PROVIDENT NURSING.

To the Editor of the "*British Journal of Nursing*."

DEAR MADAM,—In connection with the question of Provident Nursing, which was raised at the interesting Conference convened by the Queen Victoria's Jubilee Institute, and reported in your last issue, I should like to suggest that if district nursing associations are financed by the patients whom the nurses serve, it is only just that they should be to a large extent managed by them also. They would then be able to decide a question which is now very often decided for them by ladies of leisure—whether the nurse employed should be fully trained or no. In my experience the poor appreciate the value of the services of a fully-trained nurse, and would be prepared to make sacrifices in order to obtain one, while to the average wealthy philanthropist it seems quite sufficient that they should be supplied with a certified midwife with a superficial smattering of nursing. The skilled artisan appreciates the necessity of thorough training in a way that the average Society lady rarely does until the question touches her personally, then her eyes may be opened.

I should like to see Friendly Societies make arrangements for supplying visiting nurses as part of their benefits, in the same way that they supply medical attendance, the additional sum to be paid by members, for this benefit could easily be worked out on a business basis.

Yours faithfully,

INDEPENDENT.

### TRAINING IN SMALL HOSPITALS.

To the Editor of the "*British Journal of Nursing*."

DEAR MADAM,—Having followed with much interest the question of State Registration, there is one thought which occurs to my mind, and that is, what will happen to the nurses who train in hospitals of less than 100 beds?

After all, it is not every girl who possesses the necessary physical ability to go through a four years' course of hard training, however much she may wish it. Consequently, if she is to be trained at all it must be in a smaller hospital, where the rush is not so great.

The majority of these hospitals train their probationers for three years; they receive no salary the first, and about £12 the second, and £15 the third year, and, as a rule, attend some first-class lectures. They have also one advantage at least, as it is their privilege to attend operations more frequently than would fall to their lot if training in a bigger school.

Our smaller hospitals do a good work, and if after three years in one of these the certificate is to count for nothing who will be found willing to do it?

M. R. W.

Reigate and Redhill Hospital,  
Redhill, Surrey.

[It is probable that when State Registration of Nurses comes into force the training facilities afforded by the smaller hospitals will be utilised as never before, and that by affiliation in groups, which afford experience in the various necessary branches, they will become important factors in the scheme of nursing education, and the nurses they train be qualified for registration.—Ed.]

### OUR GOOD NAME.

To the Editor of the "*British Journal of Nursing*."

DEAR MADAM,—I am thankful to see that our Registration Society is coming out against those dangerous so-called Massage Homes. It is too humiliating that decent women—such as we are—should be associated in the public mind with the most depraved persons. I have written to our local M.P. on the question, and urged him to interest others in the matter, and help by getting a Registration Bill through Parliament to provide for a distinguishing title for "registered nurses." If this sort of scandal goes on the very women the public require as nurses will not train.

Yours truly,

(Mrs.) E. C. STOCK.

Hampstead.

[We should advise all earnest Registrationists to do likewise, appeal to M.P.'s.—Ed.]

## Comments and Replies.

*Parish Nurse.*—We should advise you to write to the Secretary of the Clapham Maternity Hospital, Jeffrey's Road, Clapham, S.W. We think you would find that, upon payment, the case might be received there, and that a personal as well as a professional interest would be taken in the patient.

*Candidate, Birmingham.*—You will find the Matrons of both the large General Hospitals in Birmingham in sympathy with the movement for the higher education of Trained Nurses.

## Notices.

### CONTRIBUTIONS.

The Editor will at all times be pleased to consider articles of a suitable nature for insertion in this Journal—those on practical nursing are specially invited.

Such communications must be duly authenticated with name and address, and should be addressed to the Editor, 20, Upper Wimpole Street, London, W.

Advertisements and business communications should be addressed to the Manager, BRITISH JOURNAL OF NURSING, 11, Adam Street, Strand, W.C.

### OUR PUZZLE PRIZE.

Rules for competing for the Pictorial Puzzle-Prize will be found on Advertisement page xii.

## The Midwife.

### Constipation in Infants.

In the May number of *The Practitioner*, which is devoted exclusively to the consideration of constipation, an article appears by Dr. Eric Pritchard entitled "Constipation in Infants."

Many of the points brought forward by Dr. Pritchard are of especial interest to midwives and extremely instructive. He shows that the infant is in grave danger of acquiring the habit of constipation, for not only is it liable to suffer from all the causes which affect the adult, but also from the absence of voluntary effort and from certain anatomical disabilities of the bowel, which predispose to inertia. The colon in the infant is relatively longer, more convoluted, and muscularly weaker than in the adult; so that it is easily overdistended and even permanently dilated and kinked by flatulence resulting from overfeeding.

At the same time a certain quantity of resistant material is needed to develop its muscular powers, and mothers and nurses are warned that the passage of formed motions of firm consistence and small calibre are not necessarily an indication of constipation requiring treatment; but that, on the contrary, they imply strong peristaltic contractions, and provide excellent exercise for the intestinal muscles.

Great stress is laid upon the importance of establishing the intestinal function on a firm basis of habit from the very beginning, and upon the danger of administering strong purges during the first few days of life. Dr. Pritchard demonstrates that meconium, owing to its physical qualities, is admirably designed as a medium of resistance to the first untrained efforts of peristaltic movement. These first efforts, he reminds us, modify all subsequent reactions, which, as with all nervous reactions, depend upon past experience, especially first experience, and become associated with a certain stimulus or series of stimuli, so forming a habit. If the gentle stimulus of meconium be replaced by a dose of castor oil, it is obvious that future reaction to natural stimuli will be much modified, meconium, colostrum, or milk becoming comparatively useless.

Dr. Pritchard even goes so far as to say: "I know of no series of doses of purgative medicine which are responsible for so much constipation at any time of life as the single dose of castor

oil which clears out meconium from the bowel of the newborn infant."

For the same reason, he strongly deprecates over-stimulation of the rectum by suppositories and injections. Here the nerve mechanism is specially sensitive and very easily dislocated, and if an unnaturally strong stimulus is applied the normal stimulus of fecal matter is by contrast rendered inactive.

He continues to say: "The tone and activity of the muscles which are concerned in the peristaltic movements are under the control of local nervous mechanisms, which in turn are co-ordinated and reinforced by a stream of efferent nerve impulses emanating from spinal and cerebral centres." Thus it is easy to understand that constipation is a common symptom in any disease which causes derangement of the nervous system. Children suffering from rickets and nervous debility, meningitis, hydrocephalus, and mental deficiency are all liable to constipation.

A pre-existing condition of diarrhoea is another frequent source, severe attacks exhausting the nervous centres and enfeebling the muscle of the bowel walls.

Of the forms of constipation due to food causes, a deficient quantity is common in breast-fed infants, while overfeeding is more often found with bottle-fed children and among the upper and middle classes. For the former, Dr. Pritchard recommends "test feeds"—that is the weighing of the infant before and after it is put to the breast in order to discover whether it is taking a normal quantity. If a deficiency is shown, supplementary feeds must be given, modified according to symptoms which indicate in what respects the milk is defective. Constipation in overfeeding is, in Dr. Pritchard's opinion, caused by the decomposition of an excessive amount of food in the bowel, the products of which poison the nerve centres. This form is, of course, easily corrected.

In every case the treatment of constipation depends largely upon a correct diagnosis of the cause, and some very interesting points are given in respect both to this question and to the curative treatment. Diet, drugs, irrigation, massage, and electricity are all considered. While, however, these methods are somewhat beyond the nurse's or midwife's province, the hints as to prophylactic measures are of the greatest value to her. Briefly, he summarises them as follows:—



1. Never employ aperients, purgatives, enemata, or suppositories, especially during the first few weeks of life.

2. In breast-feeding make certain, by means of the "test feed," there is neither underfeeding nor overfeeding.

3. In breast-feeding correct quantitative and qualitative defects by supplementary feeding.

4. Induce regularity of "habit" by systematic training.

In fact, the one insistent note throughout the article is the absolute necessity of establishing and maintaining a settled habit of daily evacuation, by persistent and deliberate training, and without the use of unnatural stimulants.

M. F.

## The Needs of the British Lying-in Hospital.

Mr. C. E. Farmer, Chairman of the British Lying-in Hospital, Endell Street, writes bringing before the public the needs of that institution, which has ministered to the wants of very poor married women since 1749. "The Hospital is," he says, "notwithstanding the exercise of most stringent economy, now overdrawn at its bankers to the extent of more than £1,000—which it has no means of paying except by the sacrifice of a portion of its small invested capital. Any contributions would be most gratefully received by myself or the Secretary at the Hospital, and would relieve a very real anxiety." It is strange how backward the public are in helping Lying-in Hospitals, many of which like the British, are doing splendid work.

## The Royal Maternity Hospital, Edinburgh.

At the annual meeting of the subscribers to the Edinburgh Royal Maternity and Simpson Memorial Hospital, held at 79, Lauriston Place, last week, at which Sir Robert Cranston presided, it was stated that the number of patients taking advantage of the benefits of the Hospital was 1,914, which was more than double what it was five years ago. The very fact of its success, however, and the necessity arising from it for a greatly increased nursing staff, has caused a serious strain on the resources and appliances of the Hospital. The directors are now appealing for a sufficient sum to enable them to provide a hospital which will meet all the requirements of the best modern obstetric practice. Last year the income amounted to £1,825, and the expenditure to £2,522.

The Chairman said that certain things were needed which could be done if they had the money. He did not say the well-being of the patients was affected, but the room was cramped altogether, and the provision for the nurses was most unsatisfactory.

## Direct Representation of Midwives and the Midwives' Institute.

The Midwives' Institute has addressed a memorial to Lord Wolverhampton, Lord President of the Council, on the subject of the Amending Bill of the Midwives' Act, in which we regret to observe that no claim is put forward for the direct representation of midwives on the Central Midwives' Board, and that the Midwives' Institute even desires to render insecure one of the two seats for the first time assured to midwives by the Lord President of the Council in his Bill.

Midwives have, indeed, reason to be grateful to Lord Wolverhampton for having admitted the principle which the Midwives' Institute so far has not recognised, that certain seats on the Central Midwives' Board should be allotted to certified midwives, and for having definitely proposed that the Board should be constituted as follows:—

Two persons appointed by the Lord President of the Council.

One person appointed by the Local Government Board.

Four duly qualified medical practitioners.

Two certified midwives.

Four persons appointed by (1) the County Councils Association, (2) the Association of Municipal Corporations, (3) the Society of Medical Officers of Health, and (4) the Queen Victoria's Jubilee Institute.

We do not think, in their justifiable desire for direct representation, that midwives have sufficiently realised their indebtedness to Lord Wolverhampton for recognising their right to representation on their governing body and making provision for it. It is a right never claimed for them by the Midwives' Institute, and even opposed by members of that Society—an inconceivable attitude, to our mind, for any midwife to assume. But, this being so, we can hardly be surprised that the Midwives' Institute is officially endeavouring to obtain the substitution of the word *person* for *certified midwife* in regard to the representative of the Royal British Nurses' Association, thus proposing to render insecure one of the two seats granted to midwives by the Lord President, while it claims that a second representative, "not of necessity a midwife," shall be granted to the Midwives' Institute.

In regard to "direct representation" of midwives on their Governing Body, the official organ of the Institute states: "We have always clearly understood that the Midwives' Institute has never taken up any attitude of objection or opposition to direct representation, for no such scheme has ever yet come within the range of practical politics." Surely a more feeble attempt at self-justification could never have been penned. If the Midwives' Institute desires to be regarded as "in any way representing the 15,000 practising midwives on the Roll," it is its duty to see that such a scheme is brought within the range of practical politics. Those who are not for us are against us.

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XLIV.

## Editorial.

### ADEQUATE EDUCATIONAL STANDARDS.

An attempt is being made to obscure the real issue in connection with the much-criticised appointment to the Matronship of St. Bartholomew's Hospital on the ground that the appointment is resented because the selected candidate is an anti-registrationist.

The shibboleth of registration does not affect the question at issue, except on the wide ground for which registration stands—adequate educational standards, for the many as well as the few; for liberty of conscience on professional matters, and the right to act according to its dictates; for all that liberality of view on nursing matters which results from professional knowledge, wise judgment, and a just and wide outlook. This liberty of conscience has always been conceded to the nurses at St. Bartholomew's Hospital under the rule of the late Matron, who, while guiding and inspiring them both by precept and practice, always studiously refrained from undue influence and avoided the slightest attempt at coercion. Her mode of teaching in relation to the duty of nurses to their profession at large was to place before them what she believed to be right, and then to invite them to study the question for themselves and form their own conclusions. By this method St. Bartholomew's nurses have developed on self-reliant, broad-minded lines, and the traditions of their school have made them very tenacious of their liberty of conscience and of their right to act in accordance with its dictation.

To what purpose have they used their liberty? For no selfish end, but to endeavour to secure throughout the nursing world, for the benefit of the sick public, the

same high standards which they themselves practise and have learnt to regard as essential. Surely the Governors have reason to be proud that their nursing staff are in the van of progress in connection with the maintenance of high ideals and high standards for the profession at large. Nothing could redound more greatly to their credit, nothing could be a greater guarantee to the Governors that the nursing of St. Bartholomew's Hospital must be—as the medical staff have assured the Treasurer that it is—of an unusually high standard. This excellence has been attained because the individual members of the nursing staff are inspired by a high sense of professional duty, and realise individually their responsibility as members of a corporate profession to do their share in keeping its practice at a high level.

There is all the difference in the world between such loyal, intelligent service and that which depends for its efficiency on an autocratic government—the form which finds favour at the London Hospital—where the Matron has the power of dismissal of the nursing staff, subject to an appeal to the House Committee, an appeal which is futile because, as a matter of discipline, the House Committee could not reinstate a probationer already dismissed by the Matron.

The application of the methods of government employed in the London Hospital, in relation to its nursing school, to the nursing staff at St. Bartholomew's Hospital, would be a complete reversal of the great principles to which we have alluded, and upon which we maintain the success of the Nursing School at St. Bartholomew's has been based. There is no doubt, therefore, in our mind that the new departure, if persisted in, would be most prejudicial to the welfare of that historic hospital.

## Medical Matters.

### A JOURNEY THROUGH THE AIR FROM A MEDICAL STANDPOINT.

"Recent achievements in the science of aero-travelling have," says the *Lancet*, "given a decided stimulus to the idea that general locomotion through the air is within sight. It certainly seems that difficulties are rapidly being surmounted, but still the risks are very great; the weather must be favourable for one thing, and then there must be no hitch in the motor engine. After all, no air-trip as yet can be started with the same certainty as a trip by land or by sea. The method of progression is under fair control, but stability under all conditions is not yet amongst the triumphs won. Supposing, however, that it was, the fact has then to be realised that a trip through the air will involve a good deal of nerve. The giddy height will have to be faced, the sudden swoop down or rise upwards with their disagreeable effects for a great many people will have to be reckoned with. Sea-sickness is a terror to many people, and the chances are that air-sickness will be worse. Most persons again have experienced the unpleasant feeling in a lilt when it commences its descent or in a swing when, like the pendulum, it swings back. Not a few people refuse to stand close to the edge of a cliff or to trust themselves to look down into a vast chasm of space immediately beneath their feet owing to vague feelings of giddiness, fears of falling arising out of a sense of a jeopardised equilibrium. And yet these same people converse glibly about the nearness of the day when aero-traffic will be an accomplished fact, and point in support of their view to the enormously rapid advances which motor traffic in the streets has made. When the question is carefully considered in detail it will be conceded that there is hardly anything that is comparable between the air motor and the land motor from the point of view of attaining practical success. The problem in the case of the former is so complicated by the first requirement—the conquest of that great force which, do what we will, pulls us back again to earth the moment we dare to rise from its surface. No special motor appliance is required to keep afloat on the sea or to keep a stable position on land, but we can only gain support in the air by means of moving machinery analogous to the wings of a bird or by utilising a buoy or a substance which is much lighter than air, and which, therefore, tends to float upon it. The machinery in the former case must obviously be well-nigh perfect and incapable of breaking down, while the difficulty

in the latter case is the enormous bulk of floating gas that must be used. In short, the advances yet to be made in order to bring aviation within the practical affairs of daily life must still be very far-reaching. Then, assuming the great consummation has been reached will the human organisation be able to stand aviation? This is by no means certain, having regard to the constant changes of atmospheric pressure—with their marked effects upon the respiratory and circulatory processes—which a journey through the air must entail."

The above article shows that it is not probable that aero-travelling will be adopted for some time to come as a popular mode of conveyance.

### BACTERIA IN THE EYE OF THE NEW BORN.

Dr. McKee states in the *Montreal Medical Journal* that Rosenhauch after examining the conjunctival sacs of two hundred new born babies came to the conclusion that the conjunctival cul-de-sac is absolutely clear immediately after birth. After twenty-four hours the bacterial flora is constant. It is not to be differentiated from the adult. The *Staphylococcus non pyogenes, non liquefaciens*, and the *Bacillus xerosis* are constant inhabitants. Other micro-organisms are only sporadic. Pathological micro-organisms are seldom found and then only a few. Twenty-four hours after birth the conjunctival sac was never free from micro-organisms. Gonorrhoeal infection is hardly possible during birth, but usually occurs during the first couple of days of life.

### ELECTRIC ANÆSTHESIA.

Dr. Louise G. Robbinovitch, of New York, recently gave a demonstration before a large assemblage of physicians and surgeons in Hartford, Conn., of the possibilities of electric anæsthesia. The electricity was applied in the case of an amputation of four toes, necessitated by gangrene supervening after frostbite, by Dr. Marcus M. Johnson. The operation lasted forty-five minutes, and the patient laughed and talked freely with the doctors the whole time, being unconscious of any unpleasant sensations, even when the bone was separated with bone forceps. The *Medical Record* reports that this is the first time in the annals of surgery that electricity has been used for anæsthetic purposes on man, and the demonstrator was a woman.

### THE IMPORTANCE OF FOOD.

In the preventive treatment of consumption, Sir Thomas Barlow regards good food of primary importance. Pure milk, good butter, bacon, and well cooked vegetables, he considers necessary.

## Mental Nursing.

By BERNARD HOLLANDER, M.D.

"Mental" Nursing is regarded by some as if it were inferior to medical and surgical nursing. Indeed, it is thought so easy of performance and to require so little knowledge and skill that in this branch of nursing more than any other we have a large number of men and women who never had any special training. This is quite a wrong conception, and arises from the belief, equally false, that all an insane person needs is "safe custody," and that there is nothing that can be done by way of treatment.

As a matter of fact, much more is needed for this branch of the work than the requirements of medical and surgical nursing. The observation of pulse and temperature, dressing of wounds, observation of secretions and excretions of patients, the general anatomy of the body and the diseases to which it is subject—all this is knowledge fairly easily acquired and possible to the ordinary intelligence after definite training. Not so with mental nursing, which requires a great deal more.

The mental nurse might know all that can be learned about the body and the brain, and be familiar with all their diseases, and yet not be fitted for a mental nurse, unless she has studied both mind in order and mind in disorder, normal mind and deranged mind. She might even get accustomed to the "groove" of asylum nursing and treatment, but for private work, in my opinion, the "ideal" nurse cannot be trained, she must be *born* for her vocation: for a mental nurse should be something more than a nurse. As the constant companion of the patient she is the real doctor of the mind. The physician sees the patient only for a few minutes each day or perhaps only once or twice a week, whereas she is constantly with him or her, and it is to a great extent *her* influence which determines his recovery.

Whereas the medical and surgical nurses watch the "disease," the mental nurse must study her "patient." The knowledge of the different mental disorders alone will help her little, for she cannot treat the disease: she has to treat the patient as an *individual*. It is her business to keep alive the personality of the patient, to individualise, and not to treat the patient as one of a mass. For this purpose she must study and become acquainted with the peculiarities of the constitution, temper, and disposition of her patients, and must observe whether his natural disposition has become

exaggerated or his original characteristic has changed.

The mental nurse is with her patient so continually, and sees him or her under such varying conditions, that the help which she can render is incalculable. She notices his behaviour, habits, and peculiar mental manifestations, and can observe and distinguish what is normal and abnormal; what is a manner to which he has been accustomed and what is one which he has acquired since his illness.

Quite a number of qualifications are therefore expected of a mental nurse. She is to know not only ordinary nursing, medical and surgical, to have a knowledge of brain diseases and of mental disorders, but she is also to have a knowledge of psychology and human nature; and there is still something more wanted. If she is to bring about the recovery of her patient then the healing influence must come from her personality, her words, and her actions. The doctor will direct her, can tell her what to do, but with her rests the actual work. Therefore certain characteristics are needed in her—heart, judgment, patience, good temper. Her own character must recommend itself to the patient. She is to guide, console, and encourage her patients, and she must possess general culture in order to interest the person in her charge, of whatever station in life and whatever education.

A large number of insane, at all events in private care, are sufficiently sensible that they themselves desire to get rid of their morbid ideas and delusions. Often they will confess to the nurse the private sorrow which in their opinion excited their present condition, or else she herself, by careful observation, may recognise the psychical origin of their troubles. Therefore she must gain the confidence of her patient by affection, sympathy with his feelings, by listening to the story of his life. She must know when to speak and when not to speak, when to act and when not to act. She must conquer her own likes and dislikes, her own prejudices and antipathies, and put herself as much as possible in the position of the patient, thinking *his* thoughts and feeling *his* feelings. Then she will be able to learn to control him: if there is excitement, to allay it; if there is fear, to remove it; if there is anger, to dispel it.

I know that it will be said that I expect a mental nurse to be a perfect angel. Theoretically, I do. Her work demands it. At all events she should be an angel in disguise—that is to say in her intercourse with her patient, although behind that cloak of sweetness and

\* An address delivered at the Nursing Conference, London.



agreeableness she must display the utmost firmness.

Since mental states influence bodily states, and the reverse, bodily states influence mental states, it is not only the mental condition of a patient that requires her care, but also his bodily health and appearance. Moreover, mental patients often neglect themselves, and because a patient's reason is dethroned, he needs all the more urgent care—that the body is clean, tidy, and unobjectionable.

Insigne patients often refuse their food, and the nurse will discover whether a patient does so in consequence of a delusion or because food in general, or some particular food for some reason, is repugnant to him. Needless to say, that no mental patient should drink alcohol; it is poison to his brain, however small in quantity or weak in quality. In order not to awaken a desire in him, mental nurses should never drink with his knowledge, and never in his presence.

Many people have the wrong idea that all lunatics are dangerous, raving mad and desperate people, whose actions are those of beasts of the field, and whose language is that of Billingsgate and the dockyard: that lunatics have staring eyes, dishevelled hair, and disordered clothing. Whereas the truth is that many of them do not even betray their abnormality to strangers either by their speech or by their appearance. In private work a mental nurse will see patients who still recognise that their brain is not working properly, and who know that they lack control over it. Gradually their strange sensations or beliefs become realities to them, but even then they need not be demented, but some one or more functions are out of gear.

According to the normal primary mental capacities we get a variety of symptoms. There are three processes which may become deranged: viz.: thinking, feeling, and acting.

We may get false perceptions giving rise to hallucinations and illusions; the memory may get defective, and thinking either slow or overactive, giving rise to a rapidity of thought and incoherence. Or else the intellect may be clear, but the emotions deranged, and with deranged emotions, as a rule, the actions are abnormal. Thus, excessive fear may give rise to melancholia; excessive suspicion to delusions of persecution; excessive pride or vanity to delusions of exaltation, and so on.

A knowledge of psychology and a practical acquaintance with human nature will thus help immensely in the understanding and treatment of the patient.

*(To be concluded.)*

## The Relations of Nursing and Medicine in Germany.\*

By ELIZABETH VON DER PLANITZ.

The relations between doctor and nurse have of old been rendered difficult in Germany for two reasons: firstly, because of the excessive submission to the doctor of Sisters belonging to religious orders; and secondly, because of the frequent dependence of doctors upon the management of the hospitals of religious communities.

As a proof of the first statement I give the following one:—

A mother house dismissed one of its Sisters, a girl of the educated class, because she had refused to help the doctor on with his goloshes and to turn up his trousers, this being considered a refusal to obey orders when on duty.

As a proof of the second statement the following one:—

A doctor resigned work at a hospital, because against his stringent orders the bandage had been changed by a nun after trepanning, after washing with camomile tea, because the Mother Superior would not allow any deviation from the ordinary rule, which obliged the Sisters to change the bandages.

In modern times the difficulty of bringing about the right relations between both professions seems to increase still more. The growing number of educated women in the nursing profession makes it necessary for the doctors to take a different position from formerly, when in the majority of cases the nurse of a lower social rank was subject to the professional man, and besides was the member of a community teaching that humility is one of the first duties.

Many doctors find it inconvenient to be obliged to show certain consideration and more self-control, which is necessary when working with an educated woman, and so they prefer the uneducated, low-class nurse, whom they can treat unceremoniously.

Among the nurses the sore point is, of course, frequently the want of a proper sense of dignity, the tendency to flirt, besides the endeavour to render personal services, in order to secure less severe criticism of their own professional inefficiency, which is owing to our deficient system of training.

As in very few institutions the Lady Superintendent has a position worthy of her educational responsibility, as she is mostly too overworked or too unfitted to have sufficient educational influence on the Sisters, it is exceedingly

\* Read before the International Congress of Nurses, London, July, 1909.

difficult with regard to this question to find proper ways and means in the hospitals.

The tone of the relations between doctors and nurses of course depends on the personality of the women and the Medical Director.

If the head doctor has no respect for womanhood, it is generally wanting in his subordinates, and very frequently when the doctor is obviously in the wrong with regard to a Sister, the medical direction will all the same take his part, and nothing is left to the Sister but to go it she will not submit quietly.

As long as we have to reckon with a great number of average individuals in both professions, and as long as all the power is in the hands of men, these difficulties will continue to exist.

If a Sister of high personal excellence, such as our vocation demands, works under a doctor of the same quality, the relations are regulated in the most satisfactory manner with regard to all concerned in the most natural way without any assistance or reflection.

In the interest of the sick it is most desirable that there should be no doctors who lose all self-control in the operating-room, so that instruments are thrown about by them and rough language is used, or who are capable of making bad jokes at the sick bed and of carrying on doubtful conversations.

It is also, for the same reason, desirable that there should be no foolish or hypersensitive Sisters.

Let us hope that the growing self-organisation of the Sisters may enable them to gain the necessary self-discipline, and may develop the necessary respect on the part of the doctors.

## The Matrons' Council of Great Britain and Ireland.

A meeting of the Matrons' Council will be held by the courtesy of the Board of Management at the General Hospital, Birmingham, on Friday, July 15th. The business meeting will be at 3 p.m., at which the new President will be elected. State Registration of Nurses will be discussed at 4.30. We hope a good contingent will make up a party from London. It is a very easy journey, and no doubt a very happy day will be spent.

The busy capital of the Midlands is an excellent centre for many interesting excursions, and for those who can spare time to stay several days Warwick, Kenilworth, Lichfield, and Stratford-on-Avon are all within easy reach.

## The Fate of St. Bartholomew's Hospital.

The appointment of a lady who, by every rule and standard of the Training School of the Great Hospital of St. Bartholomew's is declared to be incompletely trained, to be Head of the Nursing Staff is a blow almost crushing in its severity to the professional status of nurses. Wheresoever the news travels throughout civilisation, every nurse hearing it will feel that an unmerited slur has been cast, and a grievous injury has been done, to one of the most important training schools in the world, and to every nurse who holds its certificate.

During the past thirty years a St. Bartholomew's nurse has held in the nursing world a position of unquestioned eminence. In America, India, and in our Dominions Beyond the Seas, a nurse "trained at Bart's" goes in her nursing capacity unchallenged. At home and abroad no other London institution has ever appealed to the imagination of the people in the same way as St. Bartholomew's with its record of eight centuries of healing. No other hospital has succeeded in inspiring greater faith and confidence than is felt in the nurses who hold its time-honoured three years' certificate. Whether rightly or wrongly I do not say, but hitherto from nurses themselves as well as from the public at large, it has been conceded that a Bart's certificate gives to a nurse a status in her profession which has been surpassed by no training school in the world, and equalled by few.

The Great Hospital of St. Bartholomew's and her position as a School for Nurses has been strengthened by tradition. Founded in religion, maintained by pious men and women, through the ages this lovely old hostel has given sanctuary to the sick within its gates, and to the nurses who tended them. Even amongst the old Gamps who in the course of time replaced the Sisters of Mercy were found good women and true, who gave comfort and consolation to the inmates, and did their poor best in their nursing.

So that when the reformation came some thirty-three years ago, and nursing as a skilled art was introduced into the Hospital, the mediæval ideal lived again, and self-sacrifice and devotion to the sick were shown by the nurses as in the old days when the holy nuns and monks healed the sick by faith, by herbs, and by simples.

At Bart's a true and tender Spirit of Nursing has always inspired the work. Tradition dies

hard, but in these times of radical upheaval ideals are quickly destroyed. The rank which St. Bartholomew's now holds amongst training schools for nurses is a valuable asset to the hospital.

Not without toil and stress and anxious care has this position been attained. And health and life have been given in the process of reaching this, so high a standard. Is it all for nothing that such noble sacrifice has been given? Shall the influence of one alien in tradition and spirit be allowed to undermine and to undo the fine work that has taken the best years of many lives to accomplish?

I do not say that the high honour yielded to the Bart's nurse is more deserved by her than by nurses attached to other schools. I do but emphasise the point that the honour has been given—given ungrudgingly. And speaking from that point I would venture to urge that it lies with the existing Staff, men and women, attached to the Hospital, to maintain that position of honour.

If now, at this crisis, St. Bartholomew's men and women are timid or careless, much honour will assuredly slip away from them. If they permit this great wrong to be done, the hospital must lose prestige and credit. St. Bartholomew's may degenerate from a blessed House of Healing into a factory where the bodies of the poor are taken in for more or less successful repair. A factory where the patients count as numbers, and the nurses are classed as hands. A factory where all humanity is crushed down in the machinery of organisation, of financial exploitation, and where the welfare of the poor and sick is lost sight of under the self-advertising methods of wire-pullers and of the man who turns the handle.

To us outside who are given a wider view than is obtained by the inmates, it appears that the custodians hold the citadel, but the sappers and miners are at work, and an emissary from a hostile camp has gained a foothold and is to have the loan of the keys! It sounds like a bombastic confidence trick on the part of the custodians. Nevertheless we are assured that the error has been committed inadvertently, and in sleepy good faith, the victims not perceiving the motive of the wire-pullers.

It is for the large body of men and women interested in the welfare of the hospital to warn these custodians, and to put before them the train of disastrous results that must inevitably follow if the ill-advised decision is upheld.

Nor, I venture to submit, should the public and the subscribers allow this great injury to be done to an institution almost national in its character.

No attempt can be honourably made to bolster up a financial deficit by the exploitation of nurses' labour. The public has a right to demand that the nurses sent out from a hospital for private nursing shall be completely trained, as they are from St. Bartholomew's Hospital. The cheap device displayed in the announcement from the London Hospital that nurses are returned to the wards between their private cases can only deceive the unwary. Such visits, occasional and fitful as they must be, cannot complete a nurse's training. The acknowledgment that such snatches of experience are necessary ought to demonstrate the insufficiency of a two years' certificate, which necessitates the practice. In fact, this system of returning nurses on the private staff, to the wards, resembles the plan adopted in the elementary schools of arranging for the poorer pupils to attend as "half-timers." Such pupils earn money outside, for their necessitous parents, and "return to their classes" between whiles, to complete their education. In the rough and tumble of working class life the system answers. But we do not find that these poor "half-timers" are ever elevated to the position of Superintendents of Schools, nor given charge as Inspectors of Schools.

Were the grand old hospital of St. Bartholomew's to be destroyed by fire or by earthquake, tens of thousands of loyal supporters would join forces in re-building and in restoring her. But if at this crisis, through ineptitude and carelessness, the prestige and credit of the hospital be lost, no power on earth, nothing short of an act of God can ever restore our great hospital to the present proud position it holds in the hearts and minds of the English people. Its great reputation is founded on the good faith and benevolence of its Governors—and the high standard of skill and loyalty of the medical and nursing staffs. The prestige of the Nursing School cannot be betrayed without disastrous results to the reputation of all concerned.

HENRIETTA KENEALY,  
(*Cert. St. Bartholomew's Hospital*).

#### BART'S NURSES BULLIED.

The savage onslaught made on Bart's nurses for daring to appeal to Cæsar, by Sir Henry Burdett, a Governor of the Hospital, in the pseudo professional journals he controls, is an object lesson in the boundless autocracy of the professional philanthropist, where women and liberty of conscience are concerned.

Let us hope his fellow Governors will dissociate themselves from this form of intimidation.

## Quotes from Private Letters.

BY PERMISSION.

"As Bart's nurses are the only nurses in a leading London Hospital who cannot apparently expect promotion from the authorities, why train there?"

"The London Hospital people are coming in for a good bit of adverse criticism over this Bart's business, but believe me, I prefer their protection of pupils to the disloyal lack of appreciation at Bart's."

"What do the Bart's staff consider their Sisters and nurses—sort of glorified ward maids?"

"Nothing injures a hospital so much as a nursing row. Guy's and the London suffered for years after their flare-ups in '79 and '91."

"Some of our women (St. Thomas's) were in for the post. I am truly thankful (and I should think they are) that they did not get it—it is so rough on Bart's."

"Whom the gods wish to destroy they first make mad"—a most crazy affair."

"Several of my husband's family have been trained at Bart's. He thinks the selection most unjust, and considers if Bart's can't train a Matron in twenty-three years, the sooner its Nursing School is shut up the better. If he did not know to the contrary from personal experience, he would, of course, conclude that the medical staff are dissatisfied with the nursing. This is what is so injurious to the status of the School."

"I am not a Bart's nurse, but I revered Miss Isla Stewart, and am boiling over this business. I hope a public inquiry will be held, and then we shall get to the bottom of it. No more consultations with Bart's men for my husband, and let every Bart's nurse married to a doctor influence her husband in like manner."

"Every nurse respected Miss Isla Stewart, and her own nurses loved her. I warmly approve of all the President of our League said at the meeting on Monday, especially that the protection of the standard for which the certificate stands was a trust to Bart's nurses from their late beloved Matron."

"I had not the pleasure of knowing the late Miss Isla Stewart, but as a medical woman had followed her wonderfully inspiring influence in the nursing world. With our Gracious King, many professional women realise what a great power for good she was, as a personal influence in the hospital."

"In life no one did more for the uplifting of nursing, and the care of the sick than our late dear Matron, and the indignity she has suffered in death will probably arouse the necessary

energy to land the Registration Bill—a measure of reform she had so much at heart—right on to the Statute Book."

"This war on nursing standards should result in impressing Parliament with the necessity of defining one, the sooner the better."

"This appointment has affronted our inner conscience. It proves the contemptuous indifference of men to the right of women to conscientious convictions, or why is the noble woman so tenacious of the personal rights of her subordinates, to be superseded by a woman from a school of thought so diametrically different? What Bart's nurses consider *right*, London nurses are represented to consider *wrong*. It is an act of great tyranny to place a community of working women under the authority of a person whose opinions are so strongly antagonistic to what they feel to be right. The publicity of the affront adds to its cruelty."

"There can be but one end to this struggle. Liberty of conscience and speech must be conceded to hospital nurses, and recent events have proved that protection from coercion can only be guaranteed to the workers through just laws."

## The Inspired Press.

The *Westminster Gazette*, a paper which may be regarded in every nursing controversy as the partisan supporter of London Hospital politics, has, we learn, aroused a sense of justifiable indignation at St. Bartholomew's Hospital by its inspired article on the burning question of the Matron's appointment. This paper announces that "those best qualified to speak for the feelings of the nurses are emphatic in their assertion that the new Matron will have at her command a thoroughly loyal and devoted staff." Bart's nurses have authorised no one to "speak for their feelings" which—in loyalty to the high standard of their Training School of their devotion to their hospital, and their deep and sincere love for and gratitude to their dear dead Matron, they will express for themselves—with all due regard to the good discipline they have always maintained—at the right time—in the right quarter.

## The Defence of Nursing Standards Committee.

(The St. Bartholomew's Hospital Three Years' Certificate.)

Mrs. Shuter, as Hon. Secretary of the above Committee, has forwarded, as directed by the Resolutions passed at the Public Meeting on Monday, June 6th, a copy of the Resolutions to



His Majesty the King, to the Governors of St. Bartholomew's Hospital, and to the Members of both Houses of Parliament, humbly praying that a Public Inquiry should be immediately made into the methods of management of the Nursing School of St. Bartholomew's Hospital, by the whole body of Governors.

We are informed by Mrs. Shuter that the following sums have been subscribed and promised in support of the Committee's work:—

	£	s.	d.
Mr T. W. Craig	5	0	0
Mrs. Andrews	5	0	0
Mrs. Bedford Fenwick	3	3	0
Dr. Netterville Barron	3	3	0
Mrs. Netterville Barron	2	0	0
A League Member	2	0	0
K. B.	2	0	0
Mrs. Shuter	1	1	0
Mrs. King Roberts	1	1	0
Miss Hulme	1	1	0
Miss Pine	1	1	0
Miss Townsend	1	1	0
Mrs. Bonney	1	1	0
Miss J. Hurlston	10	0	0
Miss Macvittie	5	0	0
Miss B. Kent	5	0	0
Miss Heron	2	6	0
Miss Cartwright	2	6	0
Mrs. Hadfield	2	6	0

£90 3 6

Subscriptions will be gladly received and acknowledged by Mrs. Shuter, Hon. Secretary, Cleveland House, Chiswick Lane, W.

### In Memoriam.

DEAR MADAM,—On behalf of the New Zealand Trained Nurses' Association I wish to express to you my sense of the great loss the nursing profession has sustained in the death of Miss Isla Stewart. She had so long been in the forefront of all advance in hospital management and the training of nurses that even in this distant part of the British Dominions her name is well known and honoured.

I will be glad if you will kindly insert in your pages this sincere expression of regret from members of the nursing profession in New Zealand.

I am, dear Madam, yours faithfully,

HESTER MACLEAN, R.N.,

President of the New Zealand Trained Nurses' Association.

Wellington, April 29th, 1910.

Miss M. D. Farquharson, Lady Superintendent of the Bendigo Hospital, Victoria, writes with deep feeling expressing sorrow at the death of Miss Isla Stewart, and offering sympathy to her friends. "It was with much sympathy we read in your paper the full account of her obsequies—we have heard so much of her grand work—and the loss sustained by the whole profession. I wish to add a few words of very true esteem for so great a member of our profession."

### Progress of State Registration.

John Bull last week published the first instalment of its Special Commissioner's report on "Nursing Homes," who, under the heading of "Nurses and Registration," writes: "Accustomed as I am to most professional and industrial workers, my investigations amongst nurses have been a revelation. The environment of the sick room seems to have left them powerless to act in their own defence. There is not a single genuine nurse but who realises that her profession is being degraded, yet the great majority are content to allow the existing state of affairs to continue rather than bestir themselves and demand registration. Credit, however, must be given where credit is due." Having attended the annual meeting of the Society for the State Registration of Nurses on Thursday, June 2nd, he gives prominence to its business.

The Commissioner goes on to report an interview with the Hon. Sydney Holland, at which he, of course, objected to registration, stating that the only possible solution to the whole question was a Nurses' "Who's Who." A most feeble substitute. What the nurses and the public want, and must have, is a Nurses' "What's What."

We congratulate the nurses of Massachusetts, and especially Miss Riddle, President of the State Association, upon whom the brunt of the conflict has fallen, upon having at last succeeded in securing State registration after a long struggle against bitter opposition. The Bill was signed by the Governor on April 29th. The Board of Registration in Nursing will be composed of three nurses holding diplomas from different training schools for nurses, with eight years' subsequent experience, a physician who is Superintendent of a hospital having a training school for nurses, and the Secretary of the State Board of Registration in Medicine. Massachusetts is one of the older New England States, where progress is slower than in the more progressive ones, and it speaks well for the constancy and determination of the nurses of the State that they have been able to secure their Registration Bill in spite of the forces arrayed against them.

### FINANCIAL SUPPORT FOR STATE REGISTRATION

The President of the Society for the State Registration of Trained Nurses begs to gratefully acknowledge the following subscriptions:

	£	s.	d.
Miss J. C. Child (Basutoland)	10	0	0
Miss E. Fisher (Leeds)	5	0	0
Total	15	0	0

## The Japan-British Exhibition.

### THE NURSING SESSION OF THE WOMEN'S CONGRESS.

Lady Helen Munro Ferguson presided at the Nursing Session at the Japan-British Exhibition on Saturday last.

In opening the session Lady Helen said that those who had organised it were fully aware that it was impossible to do justice to such a subject as nursing in two short hours, but when the whole work of women was under review it was felt that the nursing of the sick, which had been practised since the closing of the Garden of Eden, must be included in the scope of the Conference.

Nursing was a branch of work which especially appealed to women who ventured without the home circle to earn their living. Statisticians stated that there were a round million of women in the kingdom who must compulsorily remain single. Nursing satisfied not only the mental but all the instincts of the feminine nature, including the maternal instinct. In the life of a district nurse, for instance, there was practically unlimited scope, and all the talents which might have gone to the making of one home were, in a district nurse, at the service of the country in making many homes.

There was no profession open to women in which the more feminine women could so well obtain self-expression. The happiest mortals were those whose work and inclinations led them in the same direction.

Many years of hard, mental, and physical work went to the making of a nurse, although some people, especially in their more robust and healthy moments, thought that a little knowledge and much good will were sufficient, especially, for some mysterious reason, for the nurses of the sick poor in rural districts.

In calling upon Miss E. S. Haldane, LL.D., to present the first paper the Chairman said that the British Red Cross Society offered women the only opportunity they could have of taking an effective part in national defence. How great a part that might be was shown by the women of Japan and of France. The latter were prepared to offer their Government 45 field hospitals of 100 beds each, which could mobilise with any corps. They also offered stationary territorial hospitals, which would accommodate 35,000 sick and wounded, four of which would be ready nine days after mobilisation, and the rest sixteen. British women were supposed to be competent to deal with any situation, and she believed an appeal had only to be made to them by the Red Cross Society to secure an immediate response.

#### TERRITORIAL NURSING AND RED CROSS ORGANISATION.

Miss Haldane prefaced her paper by saying that she wished to say a few words about a new movement in the country, a new development of the Territorial scheme, which was as they knew, very largely a re-organisation of the old Volunteer Force. The material ready to hand in that Force was taken and welded into a new organisation, a

real army or home defence, a task which the nation had taken up with splendid enthusiasm. What was almost lacking in the older Force was an efficient medical service. It was of little use to have 300,000 men or more to defend our shores unless provision was made to relieve the army of the sick and wounded by their removal to the rear in orderly fashion. By means of a diagram Miss Haldane then described how this removal was to be accomplished, and the way in which women could work for the Army, as really as if they shouldered the musket and handled the sword. There was opportunity for all who were physically fit to put their hands to the work, through Voluntary Aid Detachments established all over the country, and the formation of which was unlimited. Each detachment was registered at the War Office, and would be periodically inspected. The movement was a peace movement, and the training received in first aid and nursing by the members of the detachments would be useful to them in civil life, in which small, and unfortunately large, accidents also, were not infrequent. The nation must be organised, down to the last pin, whether for peace or war.

#### JAPANESE RED CROSS WORK.

Miss Ethel McCaul, R.R.C., then presented the next paper on Japanese Red Cross Work. Miss McCaul said she had the good fortune to see the Japanese Red Cross Society at work in time of war, and it was an example to every other country. She attributed its remarkable success to its national character, and likened its work to a silken thread woven into the life of the nation. The Japanese War Office and Red Cross Society worked hand in hand.

The Japanese nation were willing to have organised control over their sentiments, which they put into the keeping of their Red Cross Society. The Society was first founded in 1877, and acceded to the Geneva Convention in 1886. At the present time it had a million members, and an income of nearly £1,000,000 per annum. Interest in Red Cross work in time of war was easy to arouse, but Japanese genius had conceived the idea of keeping this interest alive in the absence of excitement, in time of peace.

In time of peace the Red Cross Hospitals were used for civil purposes, the headquarters being at Tokio, where there is a hospital of 700 beds. They also had the monopoly of training Red Cross nurses, of whom there were a reserve of 3,000. Each nurse, when her three years' training was completed, was bound to work for the Society for 15 years, if required, but she was free to marry or to work elsewhere.

To Japan belonged the honour, not generally recognised, of obtaining the neutralisation of hospital ships.

The Ladies' Volunteer Nursing Association in Japan was a Society within a Society. In other countries, women's work was allowed to drift, but in Japan it was systematised, and the offices of the Red Cross Society became factories and workshops for the Government in war.

## NURSING AS A PROFESSION.

Mrs. Bedford Fenwick, who presented the next paper, said that the fundamental attraction of nursing as a profession for women was that it satisfied the higher attributes of feeling which were so intimately connected with a woman's brain, and combined skilled scientific work with the qualities of mind synchronised in sympathy, one of the most extraordinarily forceful powers in the world. Without this quality of sympathy, or pitifulness for suffering in all its forms, a nurse, however technically perfect, would never be first rate, for the inspiration and essence of nursing were due to the temperament and trained character of the woman.

There was a current idea that temperament had nothing to do with mentality, and a crude line of demarcation was often drawn between them, but the brain was the guiding influence of everything physical, and this line of demarcation could not be maintained. Many delicate shades of feeling went to make temperament, and the best nurse was the one who was most highly sensitised. The sympathy of the nurse, conveyed in every touch and action, rather than in words, was a most potent factor in the healing of the sick.

To fashion so delicate an implement as the ideal nurse out of uncultured and uncouth material was an almost impossible task. The highest type of women were needed as probationers, and it required generations of culture—a culture not confined to any one class—to produce the best material.

Mrs. Fenwick referred to the responsibility of the Superintendents of training schools in the selection and training of probationers, because, owing to the lack of definite standards in nursing education, the quality of that education depended to a very large extent upon the Superintendents, and the reputation which a school had acquired during the matronship of a lady under whose direction a high standard of nursing had been maintained might speedily deteriorate under the supernitendence of one with lower ideals and less practical knowledge.

The speaker also showed that the fact that the training schools for nurses are organised as a necessary adjunct to a hospital, rather than primarily as educational institutions, had been prejudicial to their development. She urged as imperative that the standard of education of nurses should be defined and controlled by the State, and thought that until this was done, and a legal status conferred on nurses who have fulfilled the prescribed curriculum, many desirable women would enter other professions which were better organised, to the loss of the nursing profession and the public.

## DISTRICT NURSING.

Lady Hermione Blackwood, who next dealt with district nursing, has had experience of the work both as a Queen's Nurse and occasionally as an Assistant Inspector of Queen's Nurses. She spoke of the beginnings of district nursing in Liverpool, and said that for many years it was looked upon by the rank and file of nurses themselves as a laudable work, perhaps, but as a branch of nursing only suitable for hospital failures and the half trained. The

speaker said that as lately as 1900, when she was in hospital, great surprise and regret were expressed at a clever, fully-certificated nurse deciding to go in for district nursing. It was looked upon as the waste of a good nurse.

Within the last three or four years the position of the district nurse had changed altogether. A great wave of enlightenment had spread over the kingdom in regard to the need of better and healthier conditions in the homes of the poor, and in schools and factories. Preventive work was the great feature of the modern school of hygiene, and it was now being acknowledged, as it had never been acknowledged before, that the district nurse was one of the very best agents that could be found to do this work. In consequence new paths of work were being opened to her every day, and more and more was being expected of her.

Lady Hermione emphasised the necessity for the employment of thoroughly trained nurses in district work, and contended that £30-£35 could not be considered an excessive salary for a highly trained worker, who is doing immense service to the community in the way of preventive work.

## THE NURSE AS A SOCIAL WORKER.

Miss H. L. Pearce said that the positions open to trained nurses as workers for the good of the community increased constantly, as the effect of systematic training upon character was more fully realised. The nurse who had this training had a peculiar aptitude for social work, and nurses were now being appointed as health visitors, nurses in factories, sanitary inspectors, inspectors under the Infants' Life Protection Act, and last, but not least, as school nurses. Even before the Board of Education decreed that medical inspection of school children was to be carried out, nurses working under Queen Victoria's Jubilee Institute had—all honour to it—visited some schools here and there, but there was no attempt to deal with the problem as a whole until the London County Council took the matter up. Since then the number of school nurses had largely increased all over the country.

In the time allotted to the discussion of the papers Mrs. Netterville Barron urged that trained nurses with a knowledge of organisation should be allotted a larger place in the Red Cross movement.

Mme. Thounaian spoke of the need for trained nursing in Armenia, and Miss Pocock, formerly an Army Sister, spoke of the need for registration of nurses, and her own experience of a nurse who had a four years' certificate, and during the whole of her training had never nursed a woman.

## CAMPAIGN AGAINST CONSUMPTION.

The National Association for the Prevention of Consumption and other Forms of Tuberculosis is undertaking a new educational campaign. A special appeal committee has been appointed to collect funds for the campaign, which is to be carried out by means of travelling tuberculosis exhibitions, caravans with lantern slides, popular lectures, an information bureau for the Press and public, and the distribution of leaflets.

## Appointments.

### ASSISTANT MATRON.

**Bagthorpe Infirmary, Nottingham.**—Miss Alice Holmes has been appointed Assistant Matron. She was trained for three years at the Bagthorpe Infirmary, and has held the position of Sister in Patience Ward, and also in "Maternity." She is a certified midwife.

### SISTERS.

**Bagthorpe Infirmary, Nottingham.**—Miss Mary L. Meads has been appointed Sister. She was trained at the North Evington Infirmary, Leicester, where she has held the position of Staff Nurse. She is a certified midwife.

Miss M. Savery has also been appointed Sister at the Bagthorpe Infirmary. She was trained at the Burnley Union Infirmary, and has been Staff Nurse at the City Isolation Hospital, Seacroft, Sheffield.

**Bradford Union Hospital.**—Miss Ada C. Ambrose has been appointed Sister. She was trained at the Salford Royal Hospital, Manchester, for four years, and has held the position of Charge Nurse at the Haywood Hospital, Burslem, for 21 years.

**Royal Eye and Ear Hospital, Bradford.**—Miss Jessie Ker has been appointed Outpatient Sister. She was trained at the Infirmary, Oldham, and has held the position of Charge Nurse at the Jubilee Hospital, Colne, and Sister of the Ophthalmic Block at the Royal Derbyshire Infirmary.

### SISTER-IN-CHARGE.

**The Ida Convalescent Home for Children, Scarborough.**—Miss Madeline Hillman has been appointed Sister. She was trained for one year at the Children's Hospital, Nottingham, and for three years at the Leicester Infirmary, and for five years was Sister of the Children's Surgical Ward and Theatre in the same hospital. Since leaving the Infirmary Miss Hillman has held the position of Sister at the East London Hospital for Children, Shadwell, E.

### SUPERINTENDENT NURSE.

**Workhouse Infirmary, Reading.**—Miss E. B. Slack has been appointed Superintendent Nurse at the Workhouse Infirmary, Reading. Miss Slack was trained at Brownlow Hill Infirmary, where she also held the positions of Ward Sister, Theatre Sister, Home Sister, and Assistant Matron. She has also had some experience of private nursing.

### NURSE.

**Tendring Union Infirmary.**—Miss Rose E. Viles has been appointed Nurse. She was trained at St. Mary Islington Infirmary, and has been Staff Nurse at the National Hospital for the Paralysed and Epileptic, London. She is a certified midwife.

### SCHOOL NURSES.

**Lancashire Education Committee.**—The following nurses have been appointed to assist the School Medical Inspectors:—

Miss Annie Jane Owen, trained at the General Infirmary, Bury, Lancashire, where she subsequently held the position of Night Sister. She has also been Nurse-in-Charge at the Elswick Smallpox Hospital, Night Sister at the Royal Maternity Hospital, Edinburgh, and Temporary District Nurse at Poulton-le-Fylde.

Miss Mary Ross McLean, trained at the Stanley

Hospital, Liverpool, where she worked in the outpatient department, and as Sister in a surgical ward. She had also had charge of the nursing department at the Special School for Cripples and Mentally Defective Children, Orwell Road, Liverpool.

### QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

The under-mentioned Staff Nurses are confirmed in their appointments, their periods of provisional service having expired:—Miss Jessie Findlater and Miss Mary S. Mason.

Miss Elizabeth Mary Collins to be Staff Nurse (provisionally). Dated May 25th, 1910.

### QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

Her Majesty, Queen Alexandra, has been graciously pleased to approve the appointment (to date April 1st, 1910) of the following to be Queen's Nurses:—

#### ENGLAND AND WALES.

Hannah Holme Graveson, Evelyn Hessie Funniger, Mabel Kathleen Griffiths, Alice Ireland, Mary Jane Agnes Melbwrath, Millie Owen, Louie Roberts, Hannah Amelia Walton, Annie Caldwell, Frederika Wilhelmina Carolina Cramer, Olave English, Alice Maud Johnson, Ellen Johnson, Mary Ann Susannah Sewell, Edith Ashton, Sarah Alice Hewson, Anna Carolina Ferdinande Zerhusen, Amy Lamma Margaret Edge, Adelaide House, Florence Annie Meader, Annie George, Annie Clayton, Sara Helen Mitchell, Olivia Kemp, Annie Maria Hollick, Mary Elizabeth Millhouse, Rachel Elizabeth Cross, Edith Davenport McDonald, Janet Margaret Nohitt, Margaret Emily Nixon, Margaret Walker McLellan, Frances Eleanor Stirling, Annie Sarah Evans, Liliath Christie Gibson, Elizabeth Campbell Murray, Julia Gilmour Fraser, Lilian Mary Leathley, Elsie Mary Noel, Agnes Stirrat Clements, Catherine Ann Duncan, Ethel Martha Emus, Helen Hortin, Ellen Pemberton, Esther Cathcart Smith, Mildred Tomlinson, Mary Yonatt, Till Thompson Fitzgerald, Gwladys Mary Griffiths, Lois Gwenllian Griffiths, Mabel Agnes Ryder, Louisa Ethel Cheetham, Annie Duncan, Adelaide Sarah Hawtin, Juliet Hilda Tillotson, Maud Annie Frances, Margaret Ralph, Leinboe van der Mey, Emma Frances Rice, Constance Maud Marie Eales, Louisa Mary Mooney.

#### SCOTLAND.

Anne Cameron, Cristina Finlay, Hannah Gray, Lucy Barbara Drummond Hay, Jane McMartin, Jane Fraser Ross, Agnes Stoddart, Margaret Carruthers Thompson, Margaret Janet Weir, Janet Briggs, Jessie Lindsay, Annie Macpherson, Margaret Whitlaw.

#### IRELAND.

Katie Bradfield, Nora Teresa Buckley, Nora Teresa Collins, May Hickson, Agnes Hughes, Margaret May Antonine Kilkelly, Roseanne Toner.

**Transfers and Appointments.**—Miss J. Wright, to Clitheroe; Miss E. Campion, to Caversham; Miss E. Coates, to Grimsby; Miss M. Norman, to Coventry.



## Nursing Echoes.



The accompanying picture of Miss Florence Nightingale is circulated in America as a postcard, in charming tones of sepia, the profits going to help to build a "shack" for nurses who have contracted tuberculosis. We feel sure that the great founder of nursing as a profession could not desire that her portrait should be put to a better use than it is by the Illinois State Association of Trained Nurses.

Miss L. L. Dock's book, "Hygiene and Morality," which is a Manual for Nurses and others, giving an outline of the medical, social, and legal aspects of the venereal diseases, is now published by G. P. Putnam's Sons, 24, Bedford Street, Strand. The author tells us that the plan of the manual has grown from the scope of a paper presented by her to the International Congress of Nurses in London in July, 1909, in which the chief purpose aimed at was the same as that followed in the present book, to reiterate the social significance of the venereal diseases, and the crusade upon which women should enter in regard to them. Therefore, though the book is meant primarily for the nursing profession, with its many thousands of members, it has not been arranged simply as a text book on diseases, and the author hopes it may be useful to many other women as well. We cordially welcome the volume, and hope to review it at length in an early issue.

The quarterly report of the Scottish Council of Queen Victoria's Jubilee Institute states that there are now 329 Queen's Nurses in Scotland working under 215 Nursing Associations affiliated to the Scottish Branch of the Institute. The Scottish Council are directly responsible for ten Queen's Nurses, one proba-

tioner in hospital, twenty-one Queen's candidates receiving district training, and two receiving special midwifery training in the Scottish District Training Home. During the three months twelve Queen's candidates entered the Home, and thirteen completed their six months' training there, and were engaged by committees of affiliated branches at Buckie, Duart, Dundee, Dregthorn, Fort Augustus, Kirkcaldy, Lochore and Glencairn, Newington, and Perth. Three new branches were formed locally and affiliated to the Institute in the districts of Ceres, Fort Augustus, and Lochore and Glencairn. The Superintendent and Inspectors made one hundred inspections of nurses in local branches, and reported on their to the Executive Committee, who forwarded reports to the local Committees. During the

three months 1,781 cases were nursed in Edinburgh by nurses from 29, Castle Terrace, involving 33,622 nursing visits. The receipts for the quarter were £492 15s. 4d., and the expenditure £784 11s. 11d. A legacy of £100 was intimated from the late Mrs. Mary Jamie.

Some Matrons and others have met to discuss a Nurses' Memorial to the late King, and we believe a scheme for homes for old nurses was generally approved. We do not think any scheme for a "glorified workhouse," as one Matron describes it, would meet with very wide support. Nurses are so tired of being patronised and pauperised. Pensions for Queen Victoria's Jubilee Institute

Nurses have been proposed as a memorial, as their salaries are far too limited from which to save for old age. Whether as a memorial to the late King, a very sincere friend of nurses, or not, a scheme of pensions for Queen's Nurses is urgently required. No class of workers deserve consideration more, or are more deservedly popular with all classes.

Mrs. McLaurie, who has resigned the post of Matron of the Driffield Cottage Hospital after holding it for 36 years, has been presented with a silver teapot and a purse of gold.



FLORENCE NIGHTINGALE.  
Established the First Training School for Nurses,  
1860-1910.

## The Hospital World.

### THE MEDICAL MISSION HOSPITAL, PLAISTOW E.

By Miss M. L. DARLING.

Eastward of the East-End, hidden away among wharfs and warehouses and innumerable monotonous streets, there has existed since the year 1888 in the heart of "Old" Canning Town an unpretentious dispensary to which day by day flock numbers of women and children from the whole region round about; and week by week, on Thursday evenings, troops of factory girls from the immediate neighbourhood and from further afield, from Poplar, Silvertown, and Tidal Basin.

As an outgrowth of this busy dispensary there was started in 1894 a small temporary hospital at 538-540, Barking Road. A few years later the present building was opened.

It is called "The Medical Mission Hospital in connection with the Canning Town Women's Settlement," and is situated in Balaam Street, the only desirable site available at the time.

Not far off, St. Mary's Hospital, started in connection with the well-known church, St. Mary's, Plaistow, has carried on its very valuable work for many years; but though so near one another, the work of the two institutions does not overlap, for St. Mary's patients are from populous Plaistow, and the Medical Mission Hospital draws its patients chiefly from crowded Canning Town.

The little hospital was opened on October 16th, and its "birthday" has since been celebrated year by year as a "Gift Day."

Weeks beforehand the Matron and staff are busy in their so-called leisure moments sending circulars and writing to their friends on behalf of the hospital. Circulars are also posted to old patients and are placarded up in the neighbourhood.

When Gift Day finally arrives the little hospital presents a gay appearance. Flags and lanterns, kindly lent by one of our best known steamship companies, adorn the entrance, and the corridors and various rooms on the ground floor are soon piled high with a multitudinous array of gifts—groceries, nursing appliances, ward linen, fruit, flowers, toys, all carefully entered in a book against the donor's name, are skillfully displayed on stalls erected for the occasion.

Meanwhile the visitors, having presented their offering, are conducted round the hospital. Ex-patients abound, and are the most generous and most delighted to revisit their former temporary residence.

Little children come, shyly, and clasping a screw of paper containing some pink or pale

blue ribbon as their gift, or a little bunch of flowers. Thrifty housewives arrive, and proudly present home-made jam. (There are thrifty housewives even in the region eastward of the East-End.)

Not only on Gift Day, and when the entrance is gay with flags and the staff is awaiting their arrival, do visitors find their way to the Balaam Street Hospital. I am not speaking of the many who, having heard of the excellent work done by the Settlement, or being interested in hospitals, come to visit us. These are always welcome, are shown over the institution, and seldom leave without expressing their approval of the pretty wards and the up-to-date appointments. It is not of these visitors I would speak. It is a frequent sight on Sunday morning to see seated on the bench in the patients' entrance two somewhat pathetic little figures, albeit with very sharp expectant little faces—Alec and Rosie, ex-typhoid cases, and the most grateful patients that ever were.

For hours they will wait, even after refreshments—which are scarce at home—have been provided, until they have seen all the members of the hospital staff with whom they are acquainted. Then suddenly they arise, reluctantly, and hand in hand wander off again.

Perhaps Alec's gratitude is accentuated by the remembrance that it was through the hospital the dream of his life was fulfilled. He saw a Christmas-tree!

"Nurse," he whispered to his night nurse during his early convalescence, "I wishes I could take them toys what Matron gave me home." (A few broken toys.) "'Cause then I could put 'em in my Christmas stocking. I allus hangs up my stocking, but I never finds nought in 'em!"—a long sigh and a visionary look upwards. "It would be not 'alf nice to see a Christmas-tree!"

### AN IRISH JAUNT.

On June 8th the members of the Irish Nurses' Association made an excursion to Lucan. By kind invitation of Miss Reeves and Miss Golding they were entertained to tea at "The Lodge." There was a very merry gathering. After tea Captain Vesey's domestic was visited, also the salmon leap, and lovely bouquets of wild flowers, now in such exquisite profusion in Ireland, were gathered and taken home as a memento of a most delightful afternoon. What wise nurse was it who said that nurses must not only work together, but play together. It is thus they come into happy and sympathetic social relations—all the better for professional co-operation.

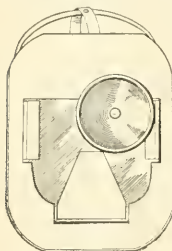
## Practical Points.

### A Comfortable Cushion.

A pillow case half filled with bran makes a very comfortable cushion for the legs of a patient suffering from oedema. Little depressions can be made in the bran for the heels, which relieves the pressure and consequent pain that is so distressing in these cases. Bran is cooler than down or feathers, and has the further merit of being cheap.

### The Zymotic Face Protector with Laryngeal Mirror.

Most nurses are acquainted with the Zymotic Face Protector, patented by Messrs. Garrould, 150, Edgware Road, to which we have already drawn attention in these columns, and which is a light aluminium mask with a glass window, which can easily be removed for sterilisation. Not so many are aware



that it can now be obtained with a laryngeal mirror attached with ball and cup fittings. The face protector effectually shields the face from involuntary expectoration when attending to or examining a patient's throat in cases of diphtheria and other infectious throat complaints, and it is therefore very convenient that a laryngeal mirror should be attached to it, as accidents are especially liable to occur when inspecting a throat with the aid of a mirror. The price of the protector is 10s. 6d., or, with mirror attached, £1 1s.

### Instructions for Cleansing Heads.

Dr. Thomas Dutton recommends that regular attention should be paid to the hair of school children, as even the cleanest children are liable to be infested with vermin. The presence of vermin causes sores on the scalp and enlargement of the glands. All vermin, including nits, may be easily removed by carrying out the following simple directions:—*For Removing Vermin.*—The hair should be well washed every other night for a week with the following lotion: One tablespoonful of Cyllin soft soap to one pint of hot water. The hair should be well rubbed with this lotion for five minutes, then rinsed with warm water. *For Keeping the Hair Free from Vermin.*—Girls' hair should be worn tied behind in a pigtail. Boys' hair should be cut very short. All children's heads should be washed once a week with the above lotion.

### WEDDING BELLS

TRAPNELL.—STEWART.—On the 7th inst., at St. Bartholomew-the-Great, Smithfield, by the Rev. M. G. Davis. Francis Cyril Trapnell, of Beckenham, to Ann M. J. Stewart, of Moffat, N.B., and late Sister Casualty, St. Bartholomew's Hospital, E.C.

## Reflections.

### FROM A BOARD ROOM MIRROR.

The King, who became Sovereign Head and Patron of the Order of the Hospital of St. John of Jerusalem in England on the death of King Edward, has accepted the office of Patron of its ambulance department, the St. John Ambulance Association.

Professor Howard Marsh will distribute the prizes at the annual garden party at Guy's Hospital on Thursday, July 7th.

In an appeal on behalf of the Charing Cross Hospital, the Chairman states that for the past seven years the institution has carried on its work under the serious disability of a crushing burden of debt (£85,000), incurred in making the hospital efficient and complete according to modern requirements. It has been determined to make a supreme effort to lift this burden of debt once and for all. The appeal will be called "The Charing Cross Hospital Coronation Year Appeal to raise funds to pay off the mortgage of £85,000, and to enable the closed wards to be re-opened for the sick and suffering," it is hoped that there will be a ready response to the appeal when the time comes.

Mr. G. H. Radford, Member for Islington, East, on Monday last presented a Bill in the House of Commons for the registration of professional accountants. When Army Horses, as well as Teachers, Architects, Accountants, and other professional workers are registered, perhaps Parliament will have time to attend to the nurses, and to protect the public from bogus nursing homes conducted by negroes.

In consequence of a generous gift of £4,000 by the Lord Mayor of Newcastle (Sir W. H. Stephenson), the managers of the Philipson Children's Sanatorium at Stanington will now be able to build their second wing of the institution. The wing is to be named "The Lady Stephenson Wing," (erected by her daughters in loving memory of their mother). It is hoped in this new wing to benefit hundreds of children suffering from local tuberculosis, for whose relief there is at present no adequate provision.

There have been no fresh cases of yellow fever in British West-Africa since May 26th. Unhappily all the previous cases, nine of the twelve being Europeans, ended fatally.

Dr. Wilkinson, who has established a dispensary at Lambeth for the treatment of tuberculosis patients with tuberculin, has based his views that this is an essential remedy upon experience in New South Wales. He considers that one enormous advantage of this dispensary treatment is that patients can receive it and go away to their work, and, in many cases, can work all the time if the disease is not too advanced. His experience is that 95 per cent. of cases taken in the early stage can be cured, and any case can be treated for six months for less than £1.

## Our Foreign Letter.

## NURSING IN CANADA.



The Residence-attached to the Hospital for Sick Children at Toronto, which the nurses owe to the generosity of Mr. Ross

Robertson, is one of the finest and most complete homes for nurses in the world, and Miss Louise Brent, the Lady Superintendent, and President of the Association of Superintendents of Training Schools in Canada, recently welcomed a conference of graduate nurses there. Many most interesting matters were discussed, amongst them the value of school nursing, by Miss Linda Rogers, the Supervising Nurse of the Board of Education for the Province of Ontario, who spoke enthusiastically respecting the prospects of preventive nursing.

Mrs. Clutterbuck spoke of the work of the Heather Club, organised to care for consumptives under fourteen years of age. Their work had been confined to a verandah at the Island—an exquisite breezy spot on the lake—but through the kindness of Mr. Ross Robertson, a pavilion will be available for the future.

Miss Janet Neilson, the city's nurse for tuberculosis, spoke of the great difficulties met with in her work, mainly arising from ignorance, poverty, and improper sanitation. Some of the people had a belief that once the disease was contracted it was fatal. The campaign in the city was not adequate by any means to the need.

Mrs. Mill Pellatt warmly advocated State Registration of Nurses, and out of this question Mrs. C. J. Currie spoke of the menace of those who entered the profession of nursing, in a commercial spirit, and to judge by the following resolution the lack of legal status resulting in high professional ideals amongst trained nurses as a whole, has had the same depressing influence on nurses in Canada as it has at home. This resolution was supported by Miss Bell Crosby, the President of the Association:—"That in view of the marked decline of interest in nursing as a profession by the graduates of more recent years, this association feel that this reflects and foretells a lower professional standard, which must inevitably reach not only to the disadvantage of the training schools as such but to the standing of the profession at large, and recommends that steps be taken by the Superintendents of training schools to more thoroughly inculcate in undergraduates the ethics of the profession and the importance to the undergraduate herself of taking an active interest in association work."

Ethics of nursing were discussed at length.

#### A CANADIAN BRANCH OF THE ARMY NURSING RESERVE.

A Canadian branch of the Army Nursing Reserve has been formed at Toronto.

An enthusiastic meeting to discuss it was also held at the Nurses' Residence. His Honour the Lieutenant-Governor presided, and said they had met to evolve from the various nurses' organisations a still further organisation that would be available for service in time of war, whose members would be bound to turn out as skilled nurses to work in the field, who would undertake the same obligation for military duty that militiamen take.

Colonel Jones read a description of conditions on the Potomac during the Civil War. "That," said he, "brings us to the actual condition of things after a great battle. That might happen in this country at any time. Have we realised that there is need in Canada for an organisation to help the militia? We have not. We are exactly in the position that the South was fifty years ago."

First alluding to the Crimean war, and to the work of Florence Nightingale, Colonel Jones explained that the South African war had shown the need of certain reforms. One result was the formation of the Army Nursing Reserve. Nurses, he said, would for the first time attend the Niagara camp.

On motion of Miss Snively, seconded by Miss Brent, the meeting unanimously resolved "that this meeting of representatives of combined associations of trained nurses do hereby resolve that there be formed and organised a Canadian branch of the Army Nursing Reserve."

A provisional committee was appointed, and a resolution adopted inviting his Excellency the Governor General to be the patron of the Association. It will soon be realised that the institution of this Reserve is one of the most important movements in Canada.

#### MISS SNIVELY'S LAST REPORT.

After a quarter of a century's invaluable work for the sick in our great Dominion, Miss Snively, the Lady Superintendent of the General Hospital, Toronto, presented her last Report of the Nursing School she has supervised with such conspicuous success for so many years at the graduation exercises on May 26th. The report was satisfactory in every particular, and the granting of certificates to this year's class brings the total number up to 560.

Possibly the most interesting item in the report referred to Canada's corps of Army Nurses. The six nurses selected to go to Niagara Camp go as lieutenants, commanded by Miss Hatch, who is at present taking a military nurse's course in the Royal Military College at Kingston. It is the first time in the history of Canadian soldiery and nursing that a nurse has gone to a training camp to do hospital work, and the six selected are privileged indeed.

#### SCHOLARSHIPS AND PRIZES.

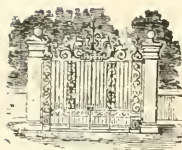
Many scholarships and prizes were awarded at this charming ceremony, and the thirty-eight graduates deeply appreciated the honour that the signature of their revered Lady Superintendent, "Mary A. Snively" was inscribed on their certificates—the last she would sign. Thus joy and sorrow are for ever with us in this human life—but always "joy cometh in the morning."

MAPLE LEAF.



## Outside the Gates.

## WOMEN.



*Slainte*, the Journal of the Women's National Health Association of Ireland, has always information of value to impart, and a paper in this month's issue on "The Medical Inspection of School Children."

by Professor T. Jones, of Queen's University, Belfast, is arresting. He writes: "Industrialised, urbanised society has conspired to rob the child of its right to health."

"When Queen Victoria ascended the throne in 1837 there was not a single Act in the Statute Book of England framed for the welfare of children. When she died there were over 100. Until a few years ago the right of a child to food, clothing, and such decent treatment as would make life just possible were things unknown in English law. But in the late Queen's reign we began to deal with the more glaring abuses. We saved the child criminal from transportation and from hanging; we saved the child slaves from crawling in coal mines, and workhouse children from being auctioned to the factory owners; we saved the young Africans, as Charles Lamb called them, from climbing chimneys; we took the children out of the agricultural gangs of the brickfields. We have humanised the treatment of the juvenile offender, checked the cruelty of brutal parents and baby farmers; sheltered the orphan and destitute. The State has played the detective's part, and has pilloried the more repugnant abuses. It has dealt with one abnormal class after another, and made provision for it. And all this is well."

"But the preventive reformer is more and more bidding us pay more heed to the normal types. He sees social laws at work. If you sow ignorance you reap inefficiency; if you sow rotten houses and over-crowd them you reap high birth rates and high death rates; if you sow juvenile street trading you will reap beggars, thieves, and criminals; if you sow casual labour you will reap casual characters; if you sow poverty you reap disease and destitution and a whole brood of social ills. All these seeds, which we ought not to have sown, we have sown, and the result at its worst is Dublin, or Dundee, or West Ham."

Professor Jones is pessimistic about the reform of the adult, but hopeful of the children, granting that children are born with varying powers, the environment which calls these powers into activity is within our control, education is possible.

"But it is an education which embraces the whole surroundings, and which acknowledges that nature has furnished the plant, and that man prepares the soil and climate. For that is the correct analogy to use. 'I think that much of our failure in education,' Mrs. Bosanquet has truly said, 'is due to

our approaching it in the spirit of the builder rather than that of the gardener.' Let us think of education as gardening, and by and bye we may give the children of our streets the same chance as we give the flowers in our parks, with results as beautiful."

On Tuesday afternoon, Mr. Shackleton asked leave to introduce the Parliamentary Franchise (Women) Bill in the House of Commons. He spoke on behalf of a Committee which unofficially represented every section in the House. The Bill was looked upon as one intended to conciliate all those who held different views with regard to the enfranchisement of women. He said the Bill satisfied the supporters of female suffrage for the moment, because it gave them a first start as electors in Parliamentary divisions.—Mr. F. E. Smith opposed.—A division was at first challenged, but it was not persisted in, and the Bill was brought in and read a first time.

## Book of the Week.

## CANADIAN BORN \*

"Put me somewhere west of Selkirk  
When the prairie roses bloom.  
Where you run clean out of fences  
And a man has elbow room.  
Let me ride upon the pilot  
When the first through train goes out;  
Let me hear the settlers welcome it  
With joyous ringing shout."

Elizabeth, Lady Merton, with her young invalid brother, is travelling on the great Canadian Pacific Railway, of which their father had been one of the earliest and largest shareholders. "When it was known that his son and widowed daughter desired to cross from Quebec to Vancouver the authorities insisted on placing one of the officials cars at their disposal."

"It was in the wilderness that the spell had come upon her; in this vast space, some day to be the home of a new race; on these lakes, the playground of the Canada of the future; in these fur stations and scattered log cabins; above all, in the great railways linking east and west, that she and her brother had come out to see. . . . At North Bay, with the sunrise, they had ploughed into the wilderness—into the thousand miles of forest and lake that lie between old Ontario and Winnipeg."

"Dinner is ready, my lady!"

"The dinner was good, as usual—in Elizabeth's eyes monstrously good. There was to her something repellent in such luxurious fare, enjoyed by strangers, on this tourist-flight through a country so eloquent of man's hard wrestle with rock and soil, with winter and the wilderness."

From which it will be seen that Canada beckons.

During the holding up of the train for twenty-four hours on account of a sink-hole, a sort of quicksand that has caused the line to sink, Elizabeth's adventurous spirit makes her acquainted with a young Canadian engineer in charge of some con-

\* Smith Elder and Co., Waterloo Place, S.W.

struction work in the Rockies, and "by flashes she began to feel in him something beside which her own raptures fell silent.

"Had she, after all, hit upon a man—a practical man—who was yet conscious of the romance of Canada. . . . She liked the fine bare head and the general expression of varied life that the man's personality produced upon her. Her sympathies, her imagination were all tumbling towards the Canadians no less than towards their country. In spite of his blunt, simple speech came out the deeper notes of feeling, richly steeped in those mortal things—earthly, humorous, or terrible—which make up human life.

"Once amid a driving storm-shower, and what seemed to her unbroken, formless solitudes, suddenly a tent by the railway side and the blaze of a fire; and as the train slowly passed three men—lads, rather—emerging to laugh and to beckon to it. The tent, the fire, the gay challenge of the young faces, and the English voices, ringed by darkness and wild weather, brought the tears back to Elizabeth's eyes. She scarcely knew why."

"Settlers in their first year," said Anderson, smiling, as he waved back again.

"But to Elizabeth it seemed a parable of the new Canada. . . ."

As we are told that two days in a private car in Canada goes as far as a month's acquaintance elsewhere, we are not surprised later on in the book to find her asking herself the question:

"Could she—could she marry a Canadian? . . . Could she, possessed by inheritance of all that is most desirable and delightful in English society—could she tear herself from that old soil and that dear familiar environment.

But of course she can, and for their honeymoon they go to the Rockies, in order that they may gratify a passionate wish of Elizabeth's to get for once beyond beaten tracks and surprise the unknown.

"When we are old," said Elizabeth, softly, slipping her hand into Anderson's, "will all this courage die out of us? Now, nothing of all this vastness, this mystery, frightens me. . . . But when one is feeble and dying will it all grow awful to me? Suddenly, shall I long to creep into some old, old corner of England, and feel round me close walls and dim, small rooms; and dear, stuffy, familiar streets that thousands and thousands of feet have worn before mine?"

We hope that no shadow in the future overcast her perfect happiness with Anderson. "A union begun long before her marriage in the depths of the spirit, when her heart first went out to Canada—to the beauty of the Canadian land, and the freedom of Canadian life."

This book is bound to uplift, and should be widely read. It sets free the imagination to soar in vast spaces, "in heights beyond heights, and glories beyond glories"; to dream of gorgeous sunsets and the calls of wild birds, of flowers of untold beauty, and to revel in the storm and wind. It presents as striking a contrast as is possible to much of the sickly, unhealthy literature of the present day.

H. H.

#### THE HILLS OF REST.

Beyond the last horizon's rim,  
Beyond adventure's farthest quest,  
Somewhere they rise, serene and dim,  
The happy, happy Hills of Rest.

Upon their sunlit slopes uplift  
The castles we have built in Spain—  
While fair amid the summer drift  
Our faded gardens flower again.

Sweet hours we did not live go by  
To soothing note on scented wing;  
In golden-lettered volumes lie  
The songs we tried in vain to sing.

They all are there; the days of dream  
That build the inner lives of men;  
The silent, sacred years we deem  
The night be, and the night have been.

ALBERT BIGELOW PAINE,  
*Nurses' Journal of the Pacific Coast.*

#### COMING EVENTS.

June 16th.—The Secretary to the "Nightingale Fund" and Mrs. Bonham Carter "At Home" at the Nightingale Home, St. Thomas's Hospital (Central entrance, Palace Road), 4 to 6.30 p.m.

June 18th (postponed from May 28th).—Procession of Women Suffragists from the Embankment to Albert Hall, organised by the Women's National Social and Political Union.

June 25th.—General Meeting, The League of St. Bartholomew's Hospital Nurses, Clinical Lecture Theatre, St. Bartholomew's Hospital, E.C., 3 p.m. Social Gathering, 4 p.m.

June 30th.—Meeting, Central Midwives' Board, Caxton House, S.W.

July 1st.—Association for Promoting the Training and Supply of Midwives. Annual Gathering of Midwives. By kind permission of Mrs. Penn, 42, Gloucester Square, Hyde Park, W. Badges to midwives will be presented. 3 p.m.

July 11th.—The Society of Women Journalists. Reception by the President, Lady McLaren, 13, Belgrave Square, S.W. 10 p.m.

July 11th.—East End Mothers' Home. Annual Meeting, The Mansion House, by kind permission of the Lord Mayor. 3 p.m.

July 15th.—Meeting of the Matrons' Council, General Hospital, Birmingham, 3 p.m. Meeting, Addresses on State Registration of Nurses, 4 p.m.

#### WORD FOR THE WEEK.

I humbly join in the prayer to Almighty God that He, in His great mercy, may give me strength to follow in the footsteps of my father, and that I may be enabled to continue his efforts to consolidate the foundation of peace among the Powers of the world and to promote the spirit of good will among all classes of my subjects here at home.

KING GEORGE.

## Letters to the Editor.



*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.*

### OUR GUINEA PRIZE.

*To the Editor of the "British Journal of Nursing."*

DEAR MADAM,—I have great pleasure in acknowledging the cheque for one guinea, which I received yesterday morning, thanking you very much for same.

I remain, yours faithfully.

ELIZABETH DOUGLAS.

Maternity Hospital, Belfast Union.

### SCALPS.

*To the Editor of the "British Journal of Nursing."*

DEAR MADAM,—The writer of weekly puffs of the London Hospital in a London daily paper has pointed out with great gusto that in addition to several other hospitals of a more or less insignificant status, which are now "matroned" by ladies trained at the London Hospital "To these may now be added St. Bartholomew's Hospital." Poor old Bart's! Fancy after eight centuries of precedence being paraded as a London Hospital scalp! It is enough, I imagine, to make Rahere turn in his grave. It is incredible that members of the Medical Staff at Bartholomew's—themselves so tenacious of their own prestige and procedure—should have consented to humiliate their devoted nursing staff by this outrage to every instinct of professional feeling, and, by their insult to her memory, trample upon their devoted allegiance to their dear dead friend and Matron.

A DEEPLY AFFRONTED BART'S NURSE.

### THE HIGHER TRAINING OF THE MIDWIFE.

*To the Editor of the "British Journal of Nursing."*

DEAR EDITOR,—I have seen in the BRITISH JOURNAL OF NURSING the paper read at the Conference at the Royal Horticultural Hall, Westminster, by Mrs. Lawson. I was deeply interested, as there were a few questions I should have liked to ask had there been an opportunity. I, with others, was deeply disappointed when the Chairman did not appoint a deputy in his place. Mrs. Lawson, in the course of her remarks, pointed out the necessity for the higher training of the midwife. At present a pupil has the choice of either entering a hospital or attending a course of lectures at a training school, and getting her practical work with a midwife, or she can attend a course of lectures, and get her certificate signed by a medical man with whom she has attended twenty cases. Now, with all due respect to the medical man, he may feel that he can conscientiously fill in that pupil's paper, but can that pupil have received a good training in the practical work of the midwife? I must confess I am puzzled. I should like to

know who instructs the pupil as to how to wash the patient, to see to the making up of the patient's bed, the preparation of her hands and of her own and the doctor's instruments, how to attend to the infants' eyes, cord, mouth, bath, etc. Of course, these questions may seem superfluous seeing that a medical man signs the paper. But I only ask, as the authorised midwife is expected to instruct in all that and much more.

Yours etc.

ABERNETHY.

*To the Editor of the "British Journal of Nursing."*

DEAR MADAM.—The article on "constipation in infants" in your last issue was very interesting. In reading it one thing vividly impressed itself upon my mind—the responsibility of midwives who treat infants of tender age for constipation and other conditions for which a doctor is not summoned.

We are told that "no series of doses of purgative medicine are responsible for so much constipation at any time of life as the single dose of castor oil which clears out meconium from the bowel of the newborn infant." Yet this single dose is given in the most lighthearted fashion by the majority of midwives—the less they know the more lightheartedly.

Is it not time that we followed the example of our Continental neighbours, and insisted that midwives, in view of the grave responsibilities they are called upon to undertake, had a longer training than the minimum of three months. A woman with no previous training as a nurse may cram enough in three months to get through the examination of the Central Midwives' Board. Can she as well gain sufficient knowledge, and confidence founded on practical experience—not the dangerous self-complacency begotten of ignorance—to make her really practically efficient?

Should we consider any probationer in a hospital, however promising, competent to undertake the nursing of a patient under direct supervision, and why then should it be expected that, at the end of three months' training, women frequently drawn from a less educated class than the average probationer should be competent to assume full charge of a mother and infant, including a certain amount of treatment? They may have done well during training under close supervision. The test comes when they are left alone to work on their own initiative. I for one would gladly see the terms of training for midwives who have had no previous experience as nurses raised to a year—as a beginning.—Yours faithfully,

C. M. B.

## Notices.

### CONTRIBUTIONS.

The Editor will at all times be pleased to consider articles of a suitable nature for insertion in this Journal—those on practical nursing are specially invited.

### OUR PUZZLE PRIZE.

Rules for competing for the Pictorial Puzzle Prize will be found on Advertisement page xii.

# The Midwife.

## The Feeding of Mothers.

Two of the most serious problems with which the nation is confronted are infantile mortality, and physical deterioration, and both are due to a considerable extent to the same cause, the insufficient feeding of women when carrying and nursing their children. Is it possible that a child should be vigorous, or grow up into a healthy man or woman, when the mother has been half starved while the child is still unborn, or that when born her milk should nourish it, when the food she takes for the support of two lives is not sufficient for her own wants?

Many points indeed centre round this question of food. It has been asserted that the drink problem has its origin to a great extent in the food problem, for the craving for drink is especially strong in those who are insufficiently fed, and this again is a factor affecting the physical and mental stability of the child.

It is probable that the importance of the food question would have been recognised before now, but for the uncomplaining patience with which women of the poorer classes accept privation as a matter of course, and their righteous independence, so that it is often difficult to get them to accept the food so essential to them and their offspring. Even if they are induced to do so, if sent to them in their own homes mothers will frequently deny themselves that other members of the family may be better fed, so the action of the St. Pancras School for Mothers in providing mothers' dinners at 1½d. a head at the Mothers' and Babies' Welcome, 6, Charlton Street, Euston Road, N.W., to be eaten on the premises, is an example worthy of imitation, and one in which midwives should interest those in a position to spread the good work throughout the country.

The small payment meets the objection that the women are being "pauperised," which is heard when "free dinners" are suggested. But how comes it that we press our hospitality on our well-to-do neighbours, and insist that if we feed our poorer ones they must at least make a payment sufficient to cover the actual expenses, we are so afraid of pauperising them? "Thank you, mum, but it sticks in your throat if you can't pay for it," was the invariable reply of the mother of a young infant, whose husband was out of work, when urged to accept free dinners at the Babies' Welcome. The husband had an excellent character, but

could get no regular work, and the baby will in all probability carry to its grave the stigmata of its mother's privations.

Physical deterioration—infantile mortality—is it any wonder that they are becoming a national peril when mothers are half-starved, when they work hard up to the day of their confinement and leave hospital at the earliest possible moment because their husbands are out of work, and the family must starve until they once again take up the task of bread-winners.

But are such women anxious for "pauperisation" in the way of free dinners? Listen again to the experience of "The Welcome."

"One of our greatest difficulties has been to persuade the most deserving mothers to come at all when they cannot pay for themselves. It is the commonest occurrence first to have excuse after excuse offered for non-attendance, and then, at last, the truth 'I don't like eating food I can't pay for,' sometimes with the addition, 'I can't enjoy my dinner anyway when I know they've got nothing at home.' When such women do come there is naturally a great inclination to bring the 'next baby' with them, and then to get portions of their own dinner into the little hungry mouth." Surely help may be extended to such women by their more fortunate sisters without incurring the charge of "pauperising" them. Is it not an honour to help those who struggle so bravely, unselfishly, and uncomplainingly with adversity, at a time when those in better circumstances are surrounded with every care and comfort? Can we not prove that we understand something of the sacredness of motherhood, and that we consider it a privilege to help those who are bearing life's burden so bravely.

And, indeed, it may not only be a privilege, but an imperative duty, to see that the mothers of the nation are properly fed while they are "having their babies." It is to their offspring that the country must look for national defence, and if the infant mortality remains as high as at present, if the children who survive grow up stunted, weakly, and physically unfit the nation will be in a perilous condition. The instinct of self-preservation, if no higher motive, should compel us to make tardy reparation to the underfed and starved mothers who are bearing the burden of Empire. We must see to it that they can rear healthy children, not those who are half-starved and physically unfit.



## The East-End Mothers' Home.

The annual meeting of the East-End Mothers' Home, 396, Commercial Road, E., is to be held at the Mansion House on Monday, July 11th, when the Right Hon. the Lord Mayor will preside. The meeting was originally fixed for May 11th, but was postponed owing to the death of the late King.

No one who visits the Home can fail to recognise that it is doing a splendid work amongst some of the poorest women of the East-End, not only at the actual time of the confinement but afterwards, for the Matron, Miss Anderson, lives for the Home and its patients, and keeps in touch with them and their babies through a most popular mothers' meeting and other agencies. As a training school for midwives the Home ranks high.

## The Amending Bill of the Midwives' Act.

### THE PAYMENT OF THE DOCTOR'S FEE.

A memorial has been sent to members of both Houses of Parliament by the National Committee for the Prevention of Destitution in opposition to Clause 17 of the Amending Bill of the Midwives' Act, introduced into the House of Lords by the Lord President of the Council. That clause would compel Boards of Guardians to pay the fee of a doctor when summoned on the advice of a midwife in an emergency. This payment is (according to the memorial) by implication parochial relief, and enables the Board to declare it a "relief on loan." The effect of the clause would be, in the view of the Committee,

(a) To make compulsorily into paupers thousands of thrifty and hard-working wage-earners' families, without any application or consent on their part; (b) to subject the unfortunate women and their households, notwithstanding their thrift and provision, compulsorily to the hated visits and investigations of the Poor Law relieving officer and to the stigma of pauperism; (c) to impose on these thousands of working-class households a new pecuniary liability (in the form of having to repay to the Board of Guardians whatever fee the Board may choose to pay the doctor), for which there is at present no statutory warrant.

Further, the clause, as the memorial points out, would greatly impede the working of the Act. The reluctance to summon a doctor in emergencies, which it has taken some trouble to overcome in midwives and patients alike, would spring up again as soon as it was realised that the presence of the doctor involved the stigma of pauperism. The arrangement in force in some of the larger towns at the present time, by which the fee is paid by the Town Council when the patient is unable to pay has worked well. If the payment is made by Boards of Guardians, this involves either visits by the relieving officer, the summoning of the father before the Board to answer questions as to his means, or the entry of the sum as parochial relief without the knowledge and consent of the recipient. It is a position in which a man or a woman who has made provision for defraying the

expenses of the midwife should not be placed. The memorial contends that the payments should be made by the municipal authority as a matter of public health, just as the fees of a doctor who is called in by the police are paid.

## The Representation of Midwives on the Central Midwives' Board.

We publish the following note at the request of the Council of the Midwives' Institute:—

The Incorporated Midwives' Institute, 12, Buckingham Street, London, W.C., wishes to call the attention of all certified midwives to the Amending Bill of the Midwives' Act now before the House of Lords.

It is generally recognised that midwives, of whom there are nearly 30,000 on the Roll, are most inadequately represented on the Board that governs them.

It was through the efforts of the Midwives' Institute that any representation of midwives was secured in the Bill of 1902. In spite of much opposition the Institute obtained nomination of a representative (a medical practitioner) to the Central Midwives' Board.

After six years' experience of the working of the Act, and a very large increase in the numbers of the Midwives' Institute and its Affiliated Associations, it is evident that the time has come to claim more representation of midwives, and the Institute is now asking for two nominees, one of whom shall be a midwife.

The Midwives' Institute is in no way opposed to the principle of direct representation, if practicable; but as that would involve the election by ballot of a certified midwife by the 30,000 midwives on the Roll, it hardly seems at present to come within the range of practical politics. The Midwives' Institute therefore appeals to bodies and societies of midwives to co-operate by affiliating with the Midwives' Institute, in order to participate in the nomination and election of a representative on the Central Midwives' Board; in this way obtaining direct representation of their members.

The interests of the practising midwives will at present be best secured by such representation through associations united to one centre, and it is greatly hoped that the younger members of the profession will help to consolidate the work of the pioneers. Ultimate success depends on the solidarity of a whole profession united in a common cause—viz., the protection of the lives of mothers and their children, the improvement in the status and training of the midwife being a necessary corollary.

Instead of saying that the Midwives' Institute is now asking for two nominees on the Central Midwives' Board, one of whom shall be a midwife, would it not be more correct to say that in addition to the midwife, whom the Lord President has provided it shall appoint, the Midwives' Institute desires another nominee not a midwife, and also that the privilege which the Lord President proposes to grant to the Royal British Nurses' Association of nominating a midwife, shall be withdrawn, and the word "person" substituted for "midwife."

# THE BRITISH JOURNAL OF NURSING

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XLIV.

## Editorial.

### IN THE HEART OF THE PEOPLE.

No one who saw the great procession on Saturday last, when thousands of women marched from Blackfriars to the Royal Albert Hall to support the demand for their enfranchisement, and no one who took part in the nursing contingent could fail to be profoundly impressed by the place which trained nurses have won in the esteem and affections of the people. Cheers, blessings, words of encouragement and appreciation were showered upon them all along the route; men raised their hats, women fluttered handkerchiefs, little children were taught to remove their hats as the nurses' contingent, headed by its purple banner bearing the Red Cross passed along. "It's the nurses; take off your hat, Tommy—they're good," said one mother to a child of some four summers. Many of the nurses wore indoor uniform, and bright, fresh, and spotlessly clean they looked, though some had been up all day and on duty the previous night.

After all, it is not surprising that the nurses were popular. Had not they or their colleagues nursed many of the crowd from death back to life in hospital wards or in their own homes? Are they not looking after the little children in the schools, and after our soldiers and sailors at home and abroad? Of the opinion of our defenders there could be no doubt. As the procession passed the Knightsbridge Barracks the men crowded the balconies and cheered and waved and shouted to the echo as the nurses marched past, and "the soldier's friend" was the word passed along. Those who headed the contingent were kept busy bowing, nodding, smiling, and waving to the crowd all the time. And how well they

understood one another! That was the secret of the nurses' popularity. On Saturday they were marching heads high, their faces set towards victory; but the crowd had a vision of them otherwise, passing up and down busy wards with a kindly word for all, bending over the sick and dying in the lone night watches, fighting for the life of the husband, the wife, or the little child, rejoicing as skill and devotion were rewarded by the return of the patient to health, or tenderly consoling those whom, in spite of every effort put forth, death had bereaved.

It was in such scenes as these that the intimate understanding between the crowd and the nurses on Saturday last had its origin—scenes which have enshrined them in the heart of the people. Who shall say that the nurses had not deserved the confidence shown in them which went straight home to their hearts?

Even in their battle for high standards of proficiency they were working for the good of the people, and the people understood. The greeting they received was a triumph which no section of workers could have failed to appreciate. "Get your registration soon," called one; and received the reply, "Your blessings to-day, registration to-morrow."

Nor were the police behind the crowd in their tribute of respect. Many hands went to the salute as the nurses passed by, and near the Albert Hall a constable begged for a flower from the sheaf carried by a nurse. Then up went the hands of half-a-dozen men in blue, and minus her bouquet, but with the words "the Force is with you" sounding in her ears, she entered Albert Hall to join in the paeon poured forth by thousands of voices to the soul-stirring music of the "Marseillaise."

## Medical Matters.

### FOREIGN BODIES IN THE AIR PASSAGES.

Dr. Rickman J. Godlee, Consulting Surgeon to the Hospital for Consumption and Diseases of the Chest, Brompton, in a lecture delivered at the hospital on the above subject, and published in full in the *Lancet*, said, in part:—When a foreign body has passed into one of the main bronchi it may for a time cause such slight symptoms that the patient and the medical man can hardly believe it to be really there. It is true in my experience of such a body as a collar stud, a piece of bone, an ear of barley grass, a pin two inches long, or the end of a vulcaute tracheotomy tube. There may, indeed, be complete absence of physical signs in the case of such an object as a pin, or if it be a smooth thing like a bead there may be no departure from the normal physical signs except such as are due to a slight deficiency of an entry of air into that part of the lung which corresponds to the partially obstructed bronchus. If, however, it be a piece of bone or a piece of meat, decomposition at once sets in, and then the mischief which has started in the lung may be very serious indeed, and of a progressive character.

### CLASSIFICATION OF FOREIGN BODIES.

It has been suggested that such foreign bodies as enter the air-passages should be divided into hard and soft, which is a useful enough, though by no means an accurate, classification. It is useful in cases where immediate removal is to be attempted. If a hard object can be caught by the forceps, and the forceps hold, out it comes if it does not break, but a soft object may be nibbled at again and again without materially diminishing its dimensions. But there are other classifications that might equally well be made; for example, into living and dead. We have all heard of the leech and the round worm that have made their way into the trachea, and I almost envy the emotion that will be experienced by the first observer who sees such an animal or the grub of a dipterous insect through the bronchoscope. Seeds such as those of peas and grass are also, of course, alive, and may swell and perhaps germinate, and these are the foreign bodies that carry in along with them other forms of life, such as the organisms that produce actinomycosis, or the various forms of mould which, when they have gained a footing in the lung, produce such frightful ravages. If one were to stretch the definition of foreign bodies and include amongst them substances like iron filings or minute fragments of stone or coal, it is clear that a great many more diseases would have to be discussed than naturally find a place in this lecture.

\* Again, there are some foreign bodies which, when once they have come to a standstill, do not shift their position, such as a tooth sitting astride on the septum between two separating bronchi, whilst there are others which though dead have a proper motion, which may conduct them any distance and in any direction. Needles will find their way into the heart or into the distant parts of the body, and blades of awned grass or corn, which the unwary are so fond of putting into the mouths, start on their travels almost like living creatures. This specimen was extracted from the back of a small child who was supposed to have had whooping-cough, though the nurse knew that a piece of grass had been "swallowed." The medical man thought the emerging grass was the core of a boil, and was rather astonished when the whole ear was extracted by his forceps.

### MOVEMENTS OF THE BRONCHI.

It may be asked why such objects should make these journeys at all? We are so unconscious of any of the movements inside our own bodies that it is difficult to imagine the churning and pulsating and elongation and shortening which are constantly taking place throughout our economies. Moreover, if we start with the idea that the root is a very fixed part of the lung, it might be thought that a foreign body which had once reached this haven would remain quietly at anchor there, but radiography and the bronchoscope have upset all these notions, and we can now submit to the scrutiny of the eye questions which previously were only matters of reasoning or surmise.

### ASEPTIC AND SEPTIC FOREIGN BODIES.

The automatic movement of the ear of barley grass has led us a long way, but I think there is no need to go further and to ask if deglutition has any effect on the movements of the bronchi or to refer to the general movements of the body. Enough has been said to account for the journey, not only into the smaller bronchi, but to the periphery of the body. And so, returning to the question of the classification of foreign bodies, we must consider what is, perhaps, the most important of all—namely, of those which may be called aseptic, from those which are either septic at the time of introduction, or which quickly decompose or form favourable niduses for the growth of micro-organisms. Amongst the latter are included pieces of flesh or other kinds of food, which may gradually become disintegrated; and, worse than these, fragments of bone or cloth or cotton wool, which are practically indestructible. I have seen so many cases of bronchiectasis and pulmonary abscess following at a



short interval on some nasal operation, as to make its almost certain that something like a fragment of an adenoid growth or some morsel of cotton wool which has been inspired at the time, has been the starting-point of the disease, and I therefore have never adopted the semierect position for these operations. The risk of such an occurrence must surely be less when the head is hanging over the table, and I therefore commend this consideration to those who are specially engaged in this line of practice.

## Hygiene and Morality.

The book on the above subject by Miss L. L. Dock, R.N., Hon. Secretary of the International Council of Nurses, is intended as a Manual for Nurses and others, and gives an outline of the Medical, Social, and Legal Aspects of the Venereal Diseases. It is divided into three parts. *Part I.*: The Venereal Diseases. *Part II.*: Prostitution; and *Part III.*: The Prevention of Venereal Disease.

### PART I.

The author states that the venereal diseases are, in the commonly accepted order of their gravity, Syphilis, Gonorrhoea, and Chancroid. Historically they are of great, and probably unknown, antiquity. Syphilis is caused by a micro-organism, the *Spirochete pallida* of Schaudinn. This micro-organism, the specific and invariable cause of syphilis, has not long been known with certainty, though long before its actual demonstration medical specialists had suspected its existence. After the work of Pasteur had given new direction to medical and surgical study, and had caused the doctrine of the action of micro-organisms as the cause of infectious disease to be accepted, active search and research went on in laboratories all over the world to discover the germ of this as well as of other diseases, but for 20 years or more these ended in failure until a commission of experts was formed under the lead of Schulze, Professor of Zoology in the University of Berlin, and the investigation directed towards the discovery of the syphilitic virus was by him entrusted to Schaudinn and Hoffman, who, in 1905, were able to demonstrate the micro-organism. It is not yet definitely settled whether it belongs to the bacteria or the protozoa, but this practically unimportant uncertainty may be ended any day. The *Spirochete pallida* cannot survive for more than a few hours—six, Andrews says—outside of the human body. After that, its infectious power is lost. It is destroyed by exposing for an hour

to a temperature of 124 degrees Fahr. It needs moisture, and if dried dies quickly, but even with moisture is very perishable when removed from its human host. This readily perishable quality and early loss of pathogenic power is of the highest importance in considering the subject of contagion by direct mechanical contact with infected objects, and has a definite bearing on practical methods of disinfection and on the avoidance of direct infection from inanimate objects and personal contact.

After describing the symptoms of the disease, Miss Dock quotes the pronouncement of Professor Osler that every feature of the acquired disease may be seen in the congenital form. Most nurses and midwives are acquainted with the appearance of an infant suffering from congenital syphilis. It is distinctive and unmistakable. They probably do not realise that "The congenitally syphilitic infant is intensely infectious. Fournier says: Nothing is so dangerous to its surroundings as a syphilitic infant." Little or no emphasis is laid on this point in the lectures given to midwives and monthly nurses, but, in the light of present knowledge such teaching cannot be withheld without grave responsibility for the consequences of its neglect.

The author refers to a suggestive article by Ravogli, who, while not meaning to be understood that syphilis is the determining cause of crime, does believe it to be one of the predisposing factors of crime. Thus he writes:—

A strange relation exists between syphilis, crime, and prostitution—cases of prostitution which cannot be explained by poverty or by special accident have to be attributed to hereditary syphilis. Prostitution and crime go hand in hand, and in the families where the brothers are criminals the sisters are prostitutes. Syphilis is the tie between crime and prostitution when it causes the affections of the nervous system resulting in moral degeneration.

Dealing with the Source and Spread of Syphilis, the author points out that a distinction must be made between (a) cause; (b) source or breeding place; (c) mode of spread of any infectious disease.

In this connection she writes:—Those contagions that are called familiarly filth diseases, do not cease being filth diseases when they are conveyed into clean homes to strike down cleanly living individuals. In the study of every infectious disease knowledge of the breeding place or native haunt of its germ is of the utmost importance for practical hygiene. . . . The breeding place of all venereal diseases without exception is the social institution called prostitution, or sexual promiscuity; in the debasement and degradation of what should



be the highest and most revered of physical powers, those involved in the act of generation. Bred and cultivated in prostitution, venereal diseases spread thence through the community, attacking the innocent as well as the guilty, the pure as well as the impure, just as typhoid fever is no respecter of persons, no matter how strict their own personal sanitary standards may be.

How or why the parasitic powers of the *Spirochete pallida* first declared themselves in unlawful, not in lawful, sexual intercourse, is a mystery. But it is certain that this organism is never met with in the relation of marriage unless it has been brought from without.

However their derivation might be traced, prostitution is now as certainly the abiding place and inexhaustible source of this as of other germs of venereal disease, as the marshy swamp is the abode of the malaria-carrying mosquito, or the polluted water supply of the typhoid bacillus.

The important things to know are: That syphilis is cultivated in prostitution, and thence spread through the community in ways classified by Bulkley as follows: (1) Inherited; (2) Marital; and (3) Extra Genital.

That syphilis is not more frequently conveyed by incidental contact than is actually the case is due to the, fortunately, very short life of the germ outside the human body.

The second chapter of Part I. deals with Gonorrhoea and Chancroid. The specific micro-organism of the former was discovered by Neisser in 1879, and as it is usually seen in pairs is sometimes called the *Diplococcus gonorrhoeae*. It is cultivated with difficulty, and does not survive many transplantations, yet transplanting does not lessen its virulence. It can live for years, or indefinitely, in the human tissues in a dormant or latent state, a characteristic which gives the disease a specially uncertain character, and makes it quite as treacherous as syphilis, if not even more so. It is primarily a genito-urinary disease, and may extend through the whole of the genito-urinary tract, and become a systemic infection. It is a potent cause of sterility, and of infantile ophthalmia and blindness.

Chancroid, or venereal sore, is, the author states, by far the simplest and least dangerous of the three diseases under consideration. It is always located on the genitalia. If properly treated from the outset, from four to six weeks suffice for cure. It only runs a prolonged course when neglected.

(To be continued.)

The book is published by G. P. Putnam's Sons, 24, Bedford Street, Strand, price 6s.

## Mental Nursing.\*

By BERNARD HOLLANDER, M.D.

(Concluded from page 488.)

The great distinction between sanity and insanity is the presence or absence of the power of self-control. It is the duty of the mental nurse to train her patient in the habit of self-control, of governing himself, not to get angry on the slightest provocation, not to become gloomy on the slightest misfortune, not to become anxious or to torment himself with reproaches. Every little success of hers will help to give her further control.

The patient must be taught, whatever his feelings and impulses, not to carry them into action. A normal man if thwarted, even if he gets angry, will not at once proceed to fight, but in certain forms of insanity a word and a blow follow almost immediately. Many of the patients have never learned to exercise discipline over their thoughts and feelings, and many of them were allowed as children to carry every impulse into action. Certainly the finest results amongst the mentally afflicted are obtained through the process of *re-education*, teaching them proper adaptation to surroundings and self-restraint.

The insane have fixed ideas and habits which they have not the power in themselves to change, and later on, as the disease progresses, have not the desire to change. In the first case their will power and energy must be strengthened; in the second, where they are not willing to change, their thoughts must be directed into other channels.

It would not do to confute the erroneous assertions of such patients, or deny the reality of their perceptions, which are real to them, or to impute them to their imagination. But one may tell them that their perceptions will sooner or later become different. To deny their existence is to assure them that we do not understand their case.

Nothing is more injurious to a mental invalid than allowing him to indulge in his morbid thoughts uninterruptedly. One way of directing the morbid ideas of the patient into other channels is by supplying him with recreation and occupation. They divert the brain from its pathological activities and concentrate the attention on the work in hand. The occupation will depend, of course, on the strength and energy of the patient, his intelligence, inclination, and habits.

Our aim is to help to dislodge injurious thoughts by substituting fresh interests, so that

\* An address delivered at the Nursing Conference, London.

they will in time crowd out his morbid ideas. The mental nurse should therefore interest her patient, talk and read to him, tell him anecdotes and news, should vary his occupation, and altogether get him away from self.

She should make his room attractive and home-like, for often a carefully chosen picture on the wall helps to arrest his attention and divert it into other channels; and exercise, of course, is essential, otherwise the pent up energy will spend itself in worry, irritability, quarrelsomeness, or destructiveness.

In order to help the patient, she should try to find out all the things that encourage him, and show him at once where he has succeeded. She should help the patient to help himself, so that he wants to do the things he ought to do, will want to think the way he should, will want to feel the way he used to feel.

She should not discuss the patient's illness or prospects in front of him, should be guarded in her speech; for some patients, if nervous and anxious, weigh every word they hear and frequently misinterpret it. Sometimes they cling to a chance observation of no significance which one happens to have made, and attach the greatest importance to it. If the nurse tries to pacify their anxiety by explaining the error, they imagine that from tenderness she is keeping the awful truth from them.

A nurse should never tell a patient that he is insane. Far better to ascribe his trouble to bodily defects or some disorder of the circulation that affects the brain, than to let him recognise that he is a lunatic and irresponsible. Nor is the word "incurable" to be used. Patients sometimes recover when one least expects it, and others get sufficiently well to be allowed a certain amount of liberty, though they will remain mental invalids for the rest of their life. We may think they are incurable, but we ought not to tell them so.

The mental nurse should never coerce a patient when she can persuade him. She should give him no chance of resistance. If she has studied her patient there will be no need for using force. She will notice the symptoms preceding the violence, and she will never keep things in sight of him which would suggest destruction. If she keeps everything of possible injury out of the room of a patient who is given that way, she will have no accidents. To prevent an impulsive outbreak of a patient is easier than to calm him when he is about to make an assault.

If the patient has confidence in the nurse, he will follow him or her where he would not follow others. I have seen a violent maniac resist for hours the united efforts of four or five

of the strongest men, and in a few minutes led away without disturbance by one person, whose only means of coercion were mildness, tact, and firmness.

Barred windows and closed doors are in most cases only necessary to save watchfulness. At Woodilee Asylum, Glasgow, in the Reception House for recent cases, there have been 15,000 patients without restraint. No day nurse has keys, ward doors are open all day, and the windows open night and day.

These are some of the main requirements of an "ideal" nurse. All of them can be put in one word—namely, "Psychotherapeutics." Just as some nurses learn massage or the application of electricity, so every man or woman qualifying as a mental nurse should have studied psychotherapeutics. This would bring about a revolution in our treatment of the insane.

If we had more such "ideal" nurses, less patients need be sent to asylums. It is to the advantage of the patient to associate as long as possible with healthy beings. In the asylum individual treatment is not possible, the patient cannot get out of his mental groove, and he is one of a mass of patients.

Asylums have been made brighter and more sanitary, and numerous other improvements have been made, but the recovery rate has remained about the same. What we want is a mental hospital staffed by highly cultured psychological nurses. This has yet to come. Meanwhile we can do privately a great deal, doctor and nurse helping one another to bring about the recovery of the patient.

## The Prevention of Disease.

### THE WAR AGAINST TUBERCULOSIS.

"Prevention is better than cure" is a maxim with which from our childhood we have been familiar. Curiously enough, it is only in comparatively recent years that it has been applied to the science from the exponents of which we might have supposed the maxim emanated, i.e., medical science, and the treatment of disease.

Now, however, it is becoming a realisable ideal, and in no branch of medicine has greater progress been made than in the treatment of consumption, which is no longer regarded as a hereditary evil, which sounds the death-knell of the victim on its appearance, but, as a definite infection, curable if appropriately treated in time.

The irradicable hopefulness of the consumptive is now justified by scientific knowledge, by the recognition of the germ causing the evil,

and the knowledge of the conditions under which the germ multiplies, and the treatment to which it yields. It is now known that insanitary and ill-ventilated houses, and insufficient food render those subjected to them an easy prey to the ravages of the germ of tuberculosis, and since the infection once present may be conveyed far and wide, as a matter of self-protection as well as of public duty, it behoves the community as a whole to grapple with the question, which is not one for the medical profession alone, but is of social and political importance.

Fresh air, good food, and decent living conditions for the million are of urgent importance for the protection of the public, and what is true as regards tuberculosis is true with regard to many other diseases.

Thus the work of preventive medicine becomes of extreme importance. To the new school the reception and treatment of patients in hospitals is of secondary importance to the prevention of disease; just as it is better surgery to preserve an injured limb than to amputate it in the most brilliant manner.

The modern medical officer of health desires the elimination of slums, the medical supervision of school children, and recognition and treatment of tuberculosis in its earliest forms, in fact, the prevention of the disease instead of temporary alleviation, or cure, when it has gained a foothold.

Next month, beginning on July 1st, and lasting over five days, the "National Association for the Prevention of Consumption and other forms of Tuberculosis" will hold its Annual Conference at Edinburgh, including a Tuberculosis Exhibition in the New College Buildings, Mound, for which the following programme is announced:—

*July 1st.*—Opening of the Tuberculosis Exhibition by the Countess of Aberdeen.

*July 2nd.*—"School Morning," when scholars and teachers in all the schools, as far as that is possible, will be addressed by great medical authorities. This "Tuberculosis Morning" in the schools will have, it is hoped, good results in impressing upon the young the wisdom of precautions against tuberculosis.

Inauguration of Royal Victoria Hospital Farm Colony. Part of the work of the Association is to promote such farm colonies where the sufferer from tuberculosis can win back health under conditions of open-air industry.

*July 3rd.*—Special service for University students and visitors and address by Professor Osler, Regius Professor of Medicine at Oxford University.

*July 4th.*—Tuberculosis Conference. Discussions on "The Avenues of Infection in Tuberculosis" and "Preventive Measures and the Administrative Control of Tuberculosis."

Annual meeting of the National Association for the Prevention of Consumption, chairman, Lord Balfour of Burleigh. Addresses by distinguished visitors.

Reception by the Lord Provost, Magistrates, and Council of the City of Edinburgh.

*July 5th.*—Tuberculosis Conference in Rainy Hall. Discussions on "The Incidence of Tuberculosis in Childhood" and "The Working Man in Relation to Tuberculosis."

The exhibition will include illustrative exhibits grouped as follows:—(1) Extent of tuberculosis; (2) Cause of tuberculosis; (3) Breeding grounds of tuberculosis; (4) Spread of tuberculosis; (5) Tuberculosis amongst children; (6) Prevention of tuberculosis; (7) Cure of tuberculosis; (8) Pathological; (9) Historical and literary.

The campaign against tuberculosis in New York has been conducted on similar lines, one of the methods being to hire sites at prominent street corners in the city, to provide there for public use literature on the subject of consumption and telling exhibits, showing the incidence of consumption in dirty and dark localities. Further, at short intervals, a phonograph gives a short lecture on the prevention and treatment of tuberculosis.

It is interesting to learn that the reason for selecting Edinburgh as the meeting place of the above Conference is that in the northern capital the best example of working a Dispensary system for the prevention of consumption is to be found, and the Conference will thus have the advantage of a practical demonstration, on the spot, of the methods which have been employed with great advantage. Delegates are expected to attend the Conference, not only from the United Kingdom and the Continent, but also from the United States of America, so that it should result in much practical usefulness.

## Nursing Best Taught by Nurses.

The St. John Ambulance Association has withdrawn from the voluntary aid scheme for the aid to the sick and wounded in the event of invasion, promulgated by the War Office in August last, under which scheme the Ambulance Department of the Order of St. John of Jerusalem in England undertook to give the preliminary training required in first aid and nursing to candidates for the Voluntary Aid Detachments. The course is now clear for the organisation of a more modern curriculum, in which we may hope practical nursing will be taught by nurses.

## The Thanks of the Queen Mother.

The members of the International Council of Nurses, who through the Hon. President, Mrs. Bedford Fenwick, sent a wreath of choice flowers to Windsor at the time of the funeral of the late King, "In grateful remembrance of the Royal Courtesy of a Great Sovereign," will be touched to receive the thanks of the Queen Mother, whose gracious card of acknowledgment we reproduce on this page.

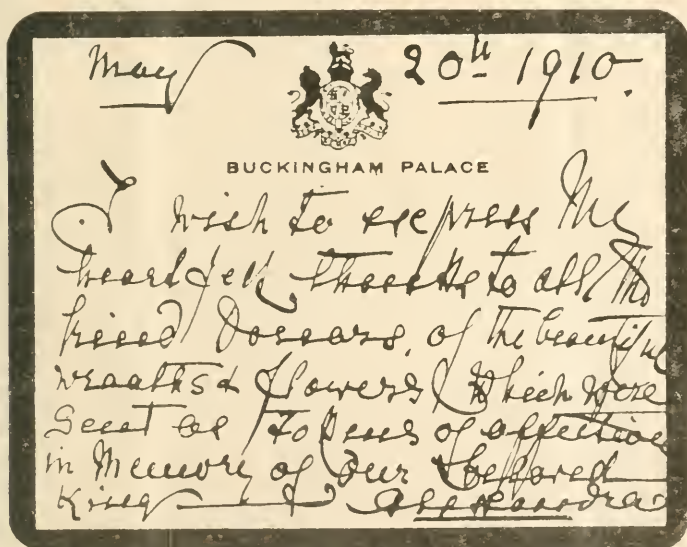
The task of acknowledging the thousands of

her the never-to-be-forgotten day at Windsor last summer. It is a wonderful thing to be a ruler when one is a power for good, not in your own country alone, but all over the world."

## The Passing Bell.

### ANOTHER TRAGEDY.

The Nursing Journal of India for June brings the sad news of the death of Miss Jane Winifred Thorpe, Hon. Secretary and Treasurer of the Association of Nursing Superintendents of India, and of the Trained Nurses' Association of India, as well as Manager of the new Journal published under the authority of these Associations, all of



floral tributes sent as a last mark of respect to the late King must have been enormous, and a general acknowledgment through the press might well have sufficed. The personal thanks of Queen Alexandra will, therefore, be greatly appreciated, by none more than by the members of the International Council of Nurses.

Baroness Maunierheim, President of the Finnish Nurses' Association, and Matron of the Surgical Hospital, Helsingfors, writes:—

"Our Association was so pleased and proud that its name was one of those inscribed on the wreath offered by the International Council of Nurses to your great King. We would have loved to take our part in the cost, and wish to know if this would still be possible. We have all mourned your splendid King in our hearts, and most gratefully remem-

ber the never-to-be-forgotten day at Windsor last summer. It is a wonderful thing to be a ruler when one is a power for good, not in your own country alone, but all over the world."

Miss Thorpe was also a member of the Matrons' Council of Great Britain and Ireland, and the Indian Collaborator of this Journal.

Miss Thorpe met with her death with tragic suddenness. On the morning of May 20th her body was found in the moat below the wall of the Fort at Belgaum where her bungalow is situated. It is known that she intended to get up to see the comet, and while on the Fort wall to get a better view of it she must have fallen over. The place of so single-hearted and loyal a worker for the general good will be difficult to fill. To her bereaved colleagues in India we offer our sincere sympathy.



## The Battle of the Standards.

What are known in the nursing world as the "London Hospital" papers, in other words those which "freeze out" and suppress every letter and article addressed to them in support of nurses' opinions concerning their own affairs, which clash with those of their employers, the distributors of advertisements, have during the recent lively protest been busy attempting to batten down what Miss Lückes, of the London Hospital, calls "this strangely unreal controversy," by the usual vulgar invective in the quack nursing press, and by insidious misrepresentation in the inspired dailies.

The point at issue in this dispute is one of nursing efficiency. Women thoroughly trained and certificated under the three years' complete curriculum in force at St. Bartholomew's Hospital, hotly resent, and rightly so, a woman who "secured her certificate" after only two years' training at the London Hospital—a standard unanimously considered insufficient by the authorities of every first class nursing school in the kingdom—being given authority over them as Superintendent of Nursing. This is the just cause of complaint of every certificated "Bart's" nurse. And, in protesting against the depreciation of their efficient standard, their time-honoured Three Years' Certificate—they have the sympathy of every nurse who holds a certificate of equal value.

How are the mighty fallen! Imagine the Matron elect of the Royal Hospital of St. Bartholomew's having recourse to the publication of her nursing qualifications in the quack nursing press! Sir Henry Burdett, a Governor of St. Bartholomew's, in his furious and ill-advised advocacy of his London Hospital candidate, gives away her case in his journal.

Under the heading of "Miss McIntosh's Certificate," he publishes: "The following is a verbatim copy of the Certificate of three years' training of the new Matron of St. Bartholomew's Hospital." The Certificate of Training is then printed, in which it is stated that Miss Annie McIntosh . . . completed her full term of two years' training in the medical and surgical wards of this Hospital, both on day and night duty.

This certificate of training is signed first by the Matron, under whose signature that of the Chairman appears, and is dated 3rd day of March, 1899.

An addendum, dated April 3rd, 1900, states that Annie McIntosh has completed her third year in the service of the hospital—a

document which has nothing to do with her *Certificate of training as such*.

The Governors of the "London" certify their nurses as fully trained after two years in the hospital. Why squirm and attempt to evade the truth? And we repeat the two years' certificate is not a guarantee that the whole time has been spent under supervision in the wards.

In support of these assertions, the following evidence of the Chairman of the London Hospital, before the Select Committee of the House of Commons on the Registration of Nurses, in 1904, in reply to questions from the Chairman of the Committee, Mr. H. J. Tennant, M.P., concerning sending out partially trained private nurses, is conclusive.

*Question 597.*—Mr. Holland: Nurses are not sent out now until they have done two years in the hospital, *except in exceptional circumstances*.

*Question 598:* Do you not think you ought to state the fact that she has not had three years' training?

Mr. Holland: No, none of our nurses have had three years' training. I could mention a number of good nurses holding leading hospital appointments, *e.g.*, Matrons of Westminster, Metropolitan, Aldenbrooke's Cambridge, Radcliffe Oxford, Poplar, Bristol, Principal Matron, Q.A.I.N. Service, and so on, who had not had three years' training."

Thus the statement made by Sir Henry Burdett that Miss McIntosh holds a "certificate of three years' training" is not true. With the statement that she was in the "service" of the hospital for a third year Bart's nurses have no concern. What odd jobs she may have performed, as "required by the Matron" from the day she was awarded her two years' certificate of training is not their business. They resent a woman with an inferior certificate superintending their professional work and signing their certificates, and no verbosity on the part of Miss Lückes or abuse in the press will convince them that their resentment is not just.

In this connection we are reminded by a "Londoner" that many find themselves handicapped by *service* instead of *training*, as the three years' certificate is thus denied to them at the London. As Office Sister, in her third year, she states that one of her weekly duties was to carry up 100 pairs of clean sheets to as many bedrooms in the Home. "presumably to save the housemaid varicose veins and flat feet."

## The Defence of Nursing Standards Committee.

(The St. Bartholomew's Hospital Three Years' Certificate.)

The following Memorial has been sent to the Governors of St. Bartholomew's Hospital, by Mrs. Shuter, on behalf of the Defence of Nursing Standards Committee:—

TO THE GOVERNORS OF ST. BARTHOLOMEW'S HOSPITAL.

SIR OR MADAM,—As a Public Meeting has been held, at which the enclosed resolutions were passed unanimously, it is felt to be fitting that a brief account should be laid before the Governors of St. Bartholomew's Hospital, individually, concerning the matters to which public attention has thus been drawn.

1. For the last twenty-nine years, the efficiency, the success, and the usefulness of the Nursing Department of the Hospital has been steadily rising, with advantage to the Institution and to the sick of all classes. The Nursing Staff believed that their arduous work was appreciated by the Medical Staff and the Governors, a belief in which they were encouraged by the Treasurer having stated in his official report for 1909, on the authority of the Medical Staff, that the Nursing of the Hospital was "of an unusually high standard."

2. In recent years it has been recognised in the leading Nursing Schools, as for many years it has been in the Medical Schools, that it is for the good of every school to attract to its service the best class of workers, by establishing a high standard of proficiency, by maintaining a keen *esprit de corps*, and by rewarding with preference the most distinguished pupils. When a vacancy for the head of the Nursing Department occurs, the promotion of a former pupil of a Nursing School to the honourable position of Matron adds to its prestige, and is a source of encouragement to every pupil, past and present. This course has been wisely adopted by the leading hospitals in London, Edinburgh, and Glasgow, and it was the natural expectation of St. Bartholomew's nurses—when, for the first time under modern nursing conditions—it is important to remember this fact—a vacancy occurred, that the new Matron would be one who had been trained by the late revered Matron, Miss Isla Stewart, and had proved her capacity to hold so responsible a post.

3. The greatest surprise and regret were, therefore, felt when the advertisement of the vacant post appeared, and it was found that the unusual course had been adopted of fixing an age limit of 40 for applicants. This at once excluded—and it is most respectfully submitted that it was intended to exclude—a number of certificated nurses of St. Bartholomew's who now hold the post of Matron at large London and Provincial Hospitals, who are greatly respected in their profession, and whose merits and qualifications, could they have been applicants for the vacant post, must have deeply impressed the Election Committee; and in competition with whom the appointment of a Matron's Assistant would have been improbable. Nor did

the advertisement require any further professional qualifications whatever beyond that "candidates must be certificated nurses," so that the three years' term of training and certification, so long the standard of the Nursing School of St. Bartholomew's Hospital, was not obligatory.

So much apprehension was aroused by the terms of the advertisement, that a Memorial was signed by 260 Certificated Nurses of St. Bartholomew's, and presented to the Treasurer and Almoners. As that Memorial only received a curt acknowledgment from the Clerk, and as it sets forth the whole position, it is respectfully submitted that its contents should be communicated to the Governors.

4. On May 26th, the Election Committee appointed as Matron of St. Bartholomew's Hospital a lady who is one of the assistants of the Matron of the London Hospital, and trained in that Institution, which certifies its pupils as proficient after only two years' work in the wards—a standard considered insufficient by all other leading hospitals, by the Local Government Board, and certain other Government Departments, for the Nursing Service of the Territorial Force of the City and County of London—No. 1 General Hospital of which is entirely staffed by nurses holding the necessary qualification of a three years' certificate from St. Bartholomew's Hospital—and by the Governors of St. Bartholomew's Hospital since 1881, when the three years' system of training before certification was adopted. It is needless to emphasise the depreciation of the value of the three years' certificate of St. Bartholomew's and of the high standard of training enforced for twenty-nine years by the Governors, which must follow the decision of the Election Committee that the two years' certificate of the London Hospital is a sufficient qualification for the Matron of St. Bartholomew's Hospital, if the Governors permit that decision and judgment to be finally accepted.

5. This is considered a fitting opportunity to call the attention of the Governors to the condition of the ancient houses composing the Nurses' Home. For many years these houses have been considered insanitary and in many ways defective. Only last year the Treasurer reported to the Governors on their "general unsuitability," and added "I must express the extreme anxiety with which I regard the possibility of a fire occurring in certain parts of the Home—the structural arrangements being such that in the event of an emergency the consequences could not fail to be very serious."

It is very respectfully submitted to the Governors that the continuance of such dangers and discomfort to their Nursing Staff, and the reasons why the same have been permitted to continue for so many years, deserve their earnest and speedy consideration.

6. The nurses feel confident that the great body of Governors cannot be aware of the facts now submitted to them; that they will not approve of the lack of appreciation shown by the Election Committee of the devoted services rendered for twenty-three years to the Institution by the late Miss Isla Stewart, whose efforts have caused the Nursing Department to be held in the highest esteem throughout the whole nursing world; or that with

a free and open election a lady trained under her wise supervision could not have been found, possessing the highest qualifications, to succeed her in office.

It is therefore most earnestly and respectfully submitted that the Governors of St. Bartholomew's Hospital should individually take action at this important juncture, by demanding that, on their behalf, a public inquiry should be made into the matters now brought before their notice.

I am, Sir or Madam,

Your obedient servant,

ELLEN SHUTER, *Hon. Sec.*

Cleveland House, Chiswick Lane, London, W.  
June 15th, 1910.

### Quotes from Private Letters.

BY PERMISSION.

"I send you a guinea for the Defence of Nursing Standards Fund, and only wish it was £100.

"I should say Bart's feels much as we should as a nation, if we had to accept the cadet of a hostile and inferior Power in the place of the Peace Maker, just as we are all mourning for him with so much genuine grief."

"This appointment (at Bart's) is a direct vote of censure on the Nursing Department, by the Election Committee—to which the representatives of the Medical Staff have subscribed—outsiders can come to no other conclusion. This is the reason we want a public inquiry."

"It may interest you to know that I have decided not to train at 'Bart's,' but elsewhere. I want my certificate signed by a Matron holding a Three Years' Certificate."

"Even old 'Londoners' feel the injustice of this appointment. We 'Londoners' expect Miss Lückes to have trained her successor, and if the Committee don't think a Matron capable of that they should find one who is." ("Londoners" may rest assured on this point.—Ed.)

"We are being assured with emphasis on all sides that this appointment was unpremeditated. How providential for the selected candidate that she is only "thirty-nine," as stated by Miss Lückes in the *Westminster Gazette* on the 16th inst., and that she had not passed that fateful Rubicon, her fortieth birthday—the age limit so carefully inserted in that astounding advertisement."

"I hear an outburst of indignation was expected over this appointment, so the lady in question was hustled off to Switzerland for a holiday, as Miss Lückes puts it, 'out of reach even of the echoes of this strangely unreal controversy.' But the *Evening News* man has

stolen a march on the Matron of the London Hospital, and run Miss McIntosh to earth at Grindelwald, where he showed her the newspaper reports of the protest! When invited to confide in this enterprising reporter, she intimated she preferred to converse on the 'glow that was shining at that moment over the heights.'

"When asked if she expected to introduce any new methods at Bart's, she replied:

"I cannot tell at present."

"How about bringing the Sisters 'to their proper level?' That little item in the programme must not be allowed to lapse."

"Coming events cast their shadows before them! But is not the Matron of the London Hospital, just a little previous in awarding the Bart's Gold Medal? According to her exceedingly specious and impertinent statement in the *Westminster Gazette*, the paragon of all the virtues, which the London Hospital is, with so much self-sacrifice bestowing as Matron upon Bart's (with equal generosity we hasten to deprecate the necessity for this noble abnegation!) 'secured her certificate for knowledge of medical and surgical nursing in a manner that would have entitled her to a gold medal from Bart's.' Considering that the Matron elect 'secured her certificate' after an insufficient two years' training, it may interest Miss Lückes to know that at Bart's she would have been required to gain the necessary skill and experience of a *thoroughly trained nurse* by working under skilled supervision for a *third year*, and passing first, a final examination before being eligible for this much coveted honour—an honour several of our most distinguished graduates might have advanced as applicants for the post of Matron to their Alma Mater, had not the age limit of 40 'cut them out' of competing with a Matron's Assistant from the London Hospital, aged, according to Miss Lückes, 39."

"Nothing will convince the Nursing World at large that this is a clean business."

"No protestations upon the part of Miss Lückes will reconcile Bart's nurses to the depreciation of their professional status. They are unanimous in the opinion that a highly trained gentlewoman should have been selected to fill the place of the eminent Matron they have lost."

"I feel the doctors can't have played the game, and I do feel for all those excellent women at Bart's being insulted like this."

"This place (Bart's) is like a charnel house."

## Appointments.

### MATRONS.

**Newport and Monmouthshire Hospital, Newport, Mon.**—Miss Margaret Atkey has been appointed Matron. She was trained at Guy's Hospital, where she has held the positions of Ward Sister, Assistant and Acting Home Sister, and Night Superintendent.

**Farnham Isolation Hospital, Surrey.**—Miss E. F. Mann has been appointed Matron. She was trained at St. Thomas's Hospital, and has held the positions of Sister and Night Superintendent at Monsall Fever Hospital, and of Sister at the Royal Infirmary, Bristol.

**Cottage Hospital, East Crinstead.**—Miss Leonora Garrett has been appointed Matron. She was trained at the Westminster Hospital, London, and has been on the private nursing staff of that institution.

### ASSISTANT MATRONS.

**Shirley Warren Infirmary, Southampton.**—Miss Florence Cross has been appointed Assistant Matron. She was trained at the Shoreditch Infirmary, and has held the position of Matron and Theatre Sister at Shirley Warren Infirmary, where she has also acted temporarily on several occasions as Assistant Matron and Night Superintendent.

**Clayton Hospital and Wakefield General Dispensary.**—Miss Emily Wade has been appointed Assistant Matron. She was trained at the Royal Infirmary, Sheffield, and the Jessop Hospital, Sheffield, and has held the positions of Out-patients Sister, Sister of the Women and Children's Wards, and Night Sister at the Stanley Hospital, Liverpool; Night Superintendent at the Hospital for Women, Soho Square, London; and Sister-in-Charge of the District Midwifery Home in connection with the Liverpool Maternity Hospital and Ladies' Charity.

### SISTERS.

**Great Northern Central Hospital, Holloway, N.**—Miss Gertrude Piper has been appointed Sister. She was trained at St. Thomas's Hospital, S.W.

**Jessop Hospital for Women, Sheffield.**—Miss E. Longstaff has been appointed Sister. She was trained at the Royal Infirmary, Bristol, where she has held the position of Sister. She is also a certified midwife and has been Sister-in-Charge of the Midwifery department.

### NIGHT SISTER.

**Borough Hospital, Bolton.**—Miss Caroline L. Mackay has been appointed Night Sister. She was trained at the Royal Infirmary, Liverpool, and has held the position of Sister at the Borough Isolation Hospital, Ipswich, and of Charge Nurse at the City Hospital, Fazakerley, Liverpool.

### NURSE.

**King Edward Sanatorium for Infectious Diseases, Cuernsey.**—Miss Mary Newsome has been appointed Nurse. She was trained at the Leigh Joint Hospital, and has held the position of Staff Nurse at the Baguley Sanatorium, Senior Charge Nurse at the Stockport Isolation Hospital, and Nurse Matron at the Spenny Moor Isolation Hospital.

### SCHOOL NURSE.

**Education Committee, Borough of Leigh.**—Miss Ann Gallimore has been appointed School Nurse. She was trained at the Accident Hospital, Mansfield, and St. Mary's Hospitals, Manchester.

### QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Miss Elizabeth A. Wilkinson, Matron, is placed on retired pay on account of ill-health. Dated May 21st, 1910.

Miss Lavinia E. C. Steen, Sister, to be Matron, vice Miss E. A. Wilkinson. Dated May 21st, 1910.

The under-mentioned Staff Nurses resign their appointments:—Miss H. M. B. Carter, Miss H. C. Johnston (June 18th).

### QUEEN ALEXANDRA'S MILITARY NURSING SERVICE FOR INDIA.

Miss N. M. Carter is admitted to the Service as Nursing Sister (January 15th).

### QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES

*Transfers and Appointments.*—Miss Ethel Bannister, to Quedgeley; Miss Emily Firth, to Leeds, Hunslet Home.

### EXAMINATION FOR THE ROLL OF QUEEN'S NURSES.

June 16, 1910.

1. Outline a simple lecture to slum mothers on the prevention and treatment of tuberculosis.

2. Describe: (a) The uterus and its appendages; (b) The methods for reviving an asphyxiated infant. (c) An ideal feeding bottle.

3. What conditions in a town tend to increase infant mortality. In what way can a nurse assist in reducing such mortality.

4. If when visiting school children in their own homes you found a bad case of *pedicul capitis*, how would you proceed to deal with it.

5. State fully how you would prepare for an operation for *emphyema* in a district, and the methods you would subsequently employ when dressing the case.

6. What advice would you give as to the disposal of all waste products in a country district where no refuse is collected and where there is no water carriage system?

## Wedding Bells.

On Tuesday, June 14th, the marriage was celebrated of Mrs. Louise Emily Russ, widow of the late Norman Willis Russ, Esq., to Mr. William J. Parkinson Smith, barrister-at-law. The bride, who looked charming, was given away by her brother, Mr. Percy Cobley. She wore a becoming white-cloth costume, and a large white leghorn hat trimmed with an ostrich feather and powder blue tulle. She was attended by one bridesmaid, Miss Mary E. Goddard, in a gown of dull grey crepon and a black picture hat. A large number of relatives and friends of the bride and bridegroom attended the service, including many of our bride's colleagues on the Registered Nurses' Society, of which, until recently, she has been a member. Breakfast was subsequently served at the University Hotel, and the bride and bridegroom left subsequently for the Italian lakes.



## Nursing Echoes.



The Executive Committee of the Colonial Nursing Association, of which Lord Amphilh is President, in presenting the Fourteenth Annual Report is once again able to record a further extension of work. During the year the Committee has selected a Nurse Matron for the Tai Koo Hospital, Hong Kong, recently built and

equipped by one of the leading firms in the East for the benefit of their employees. Additional private nurses have been supplied for Ceylon, Shanghai, and Madrid. New appointments under Government have been occasioned by the opening of the Lady Ridgway Block attached to the Lady Havelock Hospital, Colombo, and by the building of a new hospital at Warri, in Southern Nigeria. A Matron has been appointed to the Government Hospital, Nairobi, East Africa, and additions have been made to the Nursing Staff in the Nikosia Hospital, Cyprus, the Colonial Hospital, Sierra Leone, and the General Hospital, Nassau, in the Bahamas. At the request of the Foreign Office, a nurse has also been supplied for work in the Protectorate of Zanzibar. The total number of nurses at work during the last 11 months has been 220; of whom 69 have been employed as Private Nurses, and 151 by Government.

An excellent feature of the Report is the appended list of nurses with their training and appointments, with a map indicating the places where they are employed and the scope of the Association's work.

The Scottish Branch of the Association, of which Lady Balfour of Burleigh is President, reports a slight increase in the number of applicants for posts. We notice, with pleasure, that the Nursing Committee of the Scottish Branch includes Miss Gill (Lady Superintendent, Royal Infirmary, Edinburgh), Miss Cowper (Superintendent of Scottish Branch, Q.V.J.I.), and Miss K. Burleigh (Lady Superintendent, Royal Hospital for Sick Children, Edinburgh), a professional proportion which compares very favourably with that of the English Nursing Committee.

The usual annual public meeting of this Association was abandoned this year owing to the national mourning, and in its place a general

meeting of the council, committee, and subscribers was held last week in the Australian Conference Room, Imperial Institute, for the transaction of formal business. Financial assistance has been afforded from the funds of the Association where help was needed in the poorer Colonies, and the executive committee ask for continued support in forwarding the cause of skilled nursing wherever the need for it is experienced, whether it be in the British Colonies and dependencies, or among the many isolated British communities which are to be found in every part of the world.

Mr. H. Dixon Kimber has written to the *Times* in reference to the reply given recently in the House of Commons to Mr. Morton by the President of the Local Government Board, respecting the letter of his Department to the Workhouse Nursing Association, refusing the Association's request for a public inquiry into the Hemel Hempstead tragedy. Mr. Kimber complains that in that letter Nurse Bellamy is referred to in a manner which he is advised by counsel is a libel on his client, when the passage complained of is taken with the context, and that had it been written by an individual she would have had her redress.

Mr. Kimber shows that both the Master and his wife—the Superintendent Nurse—knew of the condition of a patient, who subsequently died, late the previous night, but neither thought it necessary to send for the doctor or even to see the man or the nurse the first thing on the Monday morning. "Yet this untrained assistant nurse is charged with criminal neglect for not doing what the trained Superintendent Nurse did not think it necessary to do, and for not carrying out instructions which she never received."

The Special Committee appointed by the Guardians to investigate the question recommended that the Master and Matron be informed that they could not be exonerated from efficiently supervising their subordinates. "Elaborate new bath rules were also formulated for the approval of the Local Government Board."

Mr. Kimber asserts that Mr. Burns' main desire seemed to be to shield his Department and those concerned with the institution in a superior position to his client, though this could only be achieved at the expense of a young woman, whose character was her only means of livelihood.

State registration of trained nurses would soon afford protection both for nurses and patients.

The Hackney Guardians have adopted the recommendation of the Infirmary Committee that they should provide proper and adequate accommodation for the female nursing staff in lieu of the cottages in Crozier Terrace, in spite of the protest of one of their number (Mr. Arnold, Stoke Newington), who invited the whole Board to support him in voting against it, as a protest against the action of the Assessment Committee. Mr. Herbert Grant said that if ever there was a paragraph in any report which demanded serious attention by the Board it was this paragraph. Was Mr. Arnold not ashamed of the present black spot, the festering sore which had existed for so long on the Board's site, houses overrun with rats, and festering with every possible neglect that the conditions of life could make sordid and distressful? The probationers were so disgusted with the conditions in which they were forced to live that it was difficult to keep any. Whether in Poor Law government or in any other walk of public life they had no right to traffic as pawns in the game of party politics with the lives of the staffs dependent on them. Mr. Bates said that anyone who had been through these cottages knew what live stock was there, in fact, some of the members of the Board themselves got "all alive" when inspecting. The places had been a perfect disgrace to the Board, and the only wonder was that they got any staff to stop there at all. Nurses are a long suffering class, but we think so, too.

There are now 14,000 nurses on the books of the Royal National Pension Fund. One hundred and forty-seven nurses entered upon their annuities during the year, bringing the total of nurses drawing their annuities to 1,077, receiving at the rate of over £26,000 a year.

At the last Executive Meeting until after the summer holidays of the Irish Nurses' Association, fifty-nine new members were admitted. We are glad to know that the Association has greatly increased in numbers during the present year, and does not intend to rest satisfied until every Irish nurse is a member.

The Ulster Branch of the Irish Nurses' Association thoroughly enjoyed a lovely picnic last week at Mount Devis. The members drove out in brakes from Belfast, and as the weather was perfect everyone present enjoyed themselves immensely.

## Reflections.

### FROM A BOARD ROOM MIRROR.

The annual meeting of the British Medical Association will be held in the University of London and the adjacent collegiate buildings at South Kensington, on July 22nd and 23rd, and during the following week. The papers cover a very wide range of interest, and the social functions include a conversation given by the Lord Mayor and Corporation at the Guildhall on July 27th.

Mrs. F. M. Zariñ and Mrs. L. Lucas have sent to the University College Hospital £1,000 each for the endowment of beds in response to the special appeal for £10,000.

The Governors of the Royal Infirmary, Bristol, have instructed the Committee to proceed with the erection of a new wing at a cost of £70,000, of which half has been raised. Mr. Samuel White has promised that if it is named the King Edward Memorial Wing, and £30,000 of £35,000 required are subscribed in the next twelve months, he will give the remaining £5,000.

The Philippen Children's Sanatorium at Stanington has been open two years, and has done very good work. The original plan is now to be completed by the building of the second wing—owing to the munificence of Sir W. H. Stephenson, Lord Mayor of Newcastle. The Committee have gratefully decided to name it "The Lady Stephenson Wing," erected by her daughters in loving memory of their mother. We hope the new wing will benefit hundreds of children suffering from local tuberculosis.

The Third International Congress for School Hygiene takes place in Paris on August 2nd and the five following days. The last Congress was held in London in 1907. The President of the Organising Committee of Great Britain and Ireland is Sir Lauder Brunton. The programme of the Congress is divided into general and sectional meetings. Dr. James Kerr, the Chief Medical Officer of the London County Council Education Department, is one of the few speakers allotted to the general meetings, for which the three following subjects have been arranged:—(1) Uniformity of Method for Physical Examinations in Schools; (2) Sexual Education; and (3) the Training and Appointment of the School Doctor. Almost everything concerning the hygiene of the school and the health of the scholar will be found at the exhibition. Class-rooms are to be equipped according to the styles of different countries, and several rooms will be decorated by the Society of Art in the schoolroom. The President of the Congress is the French Minister of Public Instruction.

### THE SOCIETY FOR THE STATE REGISTRATION OF TRAINED NURSES.

The President gratefully acknowledges the following donations:—

	£	s.	d.
Miss G. A. Rogers (Leicester) ...	1	1	0
Miss I. G. Baxter (Naples) ...	11	0	

## The "Allenburys" Rusks.

It is important that when infants get beyond the age of nine or ten months—i.e., when they begin to cut their teeth, showing that the time for more solid food has arrived, that such food should be supplied, and in a form which is suited to the newly-developed and developing powers of the child.

The "Allenburys" Rusks will be found well suited to supply the need at this period. They are baked from specially selected flours, rich in proteid, or muscle-forming constituents, and are liked and readily taken. Moreover, most children when



teething instinctively gnaw and nibble at hard substances, and the "Allenburys" rusks, if eaten dry, mechanically aid the eruption of teeth. If added to hot milk and water, and sweetened, they provide an easily assimilable, semi-solid, and nourishing meal. They are also much liked by adults, eaten as biscuits with butter and cheese. They are issued in tins at 1s. 6d. and 2s. 9d. Messrs. Allen and Hanburys will be pleased to send a sample tin of the rusks for trial to any nurse making application to 37, Lombard Street, E.C., and also, if desired, samples of "Allenburys" Diet, which has a wide popularity.

## Glaxo.

Most mothers in these days know the importance of human milk for infants, because such milk, under normal conditions, is perfectly suited to the needs of the baby. While the next best substitute is cow's milk, it will be readily understood that the milk designed by nature for a healthy young calf is unsuited without alteration for a normal, much less a delicate, infant. And the reason is not far to seek. Apart from the fact that the constituents of cow's and mother's milk are blended in different proportions, it must be remembered that a calf has four stomachs, consequently, when the large clots consequent upon the action of the gastric juice on the milk in the stomach of the calf are formed they stay there till thoroughly digested.

In the case of a baby, digestion takes place mainly in the intestines; and while mother's milk, which forms a light curd, is suited to this process, unmodified cow's milk is eminently unsuited. Few mothers can modify cow's milk with sufficient accuracy, even if they can rely upon a pure milk

supply, to be certain of a milk always modified in the correct proportions. Glaxo is a modified dried milk, which is now placed upon the market with the hope of meeting this want. The strong points about Glaxo are:—(1) The proprietors control the milk supply. (2) It is made only from milk, with added cream and lactose, and owing to the process used the curd in the milk undergoes a physical change, which prevents the formation of a dense, leathery clot. (3) It is proved in practice that alternate feeds of Glaxo and mother's milk can be given without causing digestive disturbance, and its value as a substitute for mother's milk is proved by its adoption by the corporations of important towns during recent years. (4) It is germ free, and therefore keeps indefinitely. (5) As it is really dried milk, all that is necessary when making it is to add water in the right proportion. The wholesale agents for Great Britain are Messrs. Brand and Co., Ltd., Mayfair Works, S.W.

## More News of the Nurses' Convention in New York.

FROM A CORRESPONDENT.

On Wednesday afternoon, May 18th, the American Society of Superintendents and the Associated Alumnae, met together in the Horace Mann Auditorium of Teachers' College. Dr. Wood, Professor of Physical Education in the College, presided over the meeting, and Dean Russell delivered the address of welcome to the delegates. It was extremely gratifying to find in such prominent educationalists such a sympathetic attitude toward the work of nursing bodies and such an appreciative grasp of the problems which they are seeking to meet. Dean Russell spoke of the recent developments in other departments of professional education, and particularly emphasised the need of preventive work in teaching and nursing as well as in medicine. He indicated some of the directions in which expansion and improvement were needed and emphasised particularly the necessity of thorough educational preparation in the training schools. In this connection he spoke most warmly of the work of Mrs. Robb, and paid a very high tribute to her personal character and influence, and to her splendid judgment and vision. Dean Russell spoke also of the work which the Nursing Department in Teachers' College had been doing, and of the new course for the training of nurses in social work.

The remainder of the session was devoted to a discussion of invalid occupations. Miss Tracy read a paper on "the training of the nurse as instructor in invalid occupations." She showed the great necessity of occupational work in the various phases of illness and convalescence, and the importance of some comprehensive training which would enable the nurse to adapt the work to the tastes and capacities and conditions of the patient. Such a course is regularly carried out in the Training School connected with the Adams Nervine Hospital, where Miss Tracy is Superintendent.

The paper by Dr. Mary Lawson Neff was en-



titled "Success and failure in the use of occupation as a therapeutic agent." Dr. Neff traced the progress of the work in the treatment of the insane. She showed the evils of the old life of idleness and inaction in institutions for the insane and the inevitable results of apathy or irritability which often counteracted the best of their treatment. She showed the great improvements which had followed the introduction of systematised carefully prescribed occupations, games, and pastimes, and indicated the lines along which mental specialists were working at the present time. Dr. Neff emphasised the great importance of intelligent direction and co-operation from the nurses in such cases, and the necessity for special training in these branches.

Dr. Herbert Hall, of Marblehead, Massachusetts, followed with a very interesting paper on "Manual Work as a Remedy." Dr. Hall has made a very careful study of the effects of this work cure in neurasthenia. In Marblehead they operate regular craft-shops with trained designers and craftsmen, who work in pottery, hand-weaving, wood carving, etc., and the whole establishment is on a strictly economic basis. The patients come in from homes or boarding houses, and their work is prescribed for them according to their strength, condition, and adaptability. Fatigue is carefully guarded against, but the patient soon becomes so interested and absorbed in his work, that he forgets his troubles and his sick fancies, and gradually gains in self-control and a healthy interest in life. Dr. Hall is convinced that the work cure is one of the most valuable agents in their work of mental re-construction. The economic side of the question is also of considerable importance in a great many cases.

Dr. Wood next called upon Dr. Livingston Farrand, who was in the audience. Dr. Farrand spoke briefly on "Occupational Work for Tuberculosis Patients," showing what had been done in that direction, particularly in out-door work, and enumerating the great benefits which had resulted, morally and economically, as well as from the therapeutic standpoint. He believed that such a solution of the problem of occupation for tuberculosis patients, was feasible and practicable, and highly valuable, whether in sanitariums or home.

Dr. Dow, Professor of Fine Arts in Teachers' College, then discussed the contribution of art to instruction in this field. He showed how the simplest materials and motifs could be utilised to produce most artistic results, and how children as well as adults, might be trained to see and appreciate the artist element in simple and ordinary surroundings.

The delegates and their friends were then invited to repair to the Educational Museum, where quite a large collection of work from various sanitariums, hospitals, institutions for the blind, insane, etc., had been set up. Much of this work is unique, and all of it suggestive as illustrating the possibilities of manual occupations in the treatment of disease.

The Educational Museum contains another most interesting exhibit which had been gathered from many sources for this occasion. It is a collection of the writings, photographs, autograph letters, etc., of Florence Nightingale.

A beautiful statuette of "The Lady of the Lamp" was loaned by the School for Nurses, Johns Hopkins Hospital. The many books, pamphlets, letters, pictures, etc., were very kindly loaned from public and private libraries, both here and abroad. A complete bibliography of all her writings and of much interesting biographical material had been compiled and copies were distributed to the members of the two societies.

#### FLORENCE NIGHTINGALE COMMEMORATION.

Immediately following the afternoon session, a reception was held in the Kindergarten Room, to which all delegates were invited. Among those who assisted in receiving the guests were Dean and Mrs. Russell, Mrs. Jenkins, Dr. Wood, Miss Goodrich, Miss Maxwell, Miss Ridell, and Miss Nutting. Those of the guests who wished to see the College and especially the new Household Arts Building, were conducted through by students of the nursing department. A large number of the delegates were present at the reception, and it is hoped that a very real personal interest in the College and in its nursing department will be the result of the closer acquaintance.

In the evening the exercises in commemoration of the Fiftieth Anniversary of the founding by Florence Nightingale of the First Training School for nurses were held in Carnegie Hall. The body of the building was reserved for delegates of hon. societies, while the boxes and balconies were occupied by invited guests and pupils from the training schools of New York Hospitals. The Hall was beautifully decorated with American and British flags—the large Union Jack in the centre being draped in black in recognition of the recent death of the British King. The platform was banked in palms and flowers. It was occupied by the officers of both nursing societies by the speakers and many others especially interested in nursing affairs. The surplined choir of St. George's Church of the Cathedral of St. John the Divine, occupied the centre of the platform in the rear, the whole making a most effective picture.

The meeting which ensued, opened with an organ voluntary, by Mr. Homer Norris, followed by a hymn in which the audience joined. The Ven. Archbishop Nelson offered the prayer of invocation, in the absence of Archbishop Greer. The opening address was delivered by Professor Henry Fairfield Osborn, of Columbia University. Professor Osborn is a son of that Mrs. Osborn who took such an active part and interest in the founding of Bellevue, and who, with her family, has always been such a staunch supporter not only of that institution, but of nursing and nurses generally. Professor Osborn spoke of those earlier days, and of the part which Florence Nightingale played in the establishment of high ideals and practical methods of hospital and training school administration in America.

Col. John Van R. Hoff represented the American Army in his appreciation of Florence Nightingale as the Soldiers' Nurse. His tribute to her and to her followers in Army nursing was very freely and sincerely given, and there could be no question as to the high estimation in which Col.



Hoff holds the work of nursing in Army organisation, nor of the qualifications he would expect in the women who volunteer for Army work. He closed with an appeal for a thorough organisation of the Red Cross, as an adequate preparation, not only for war, but for those national disasters and calamities which seem inevitable.

The Hon. Joseph Choate, late Ambassador to England, took for his theme, "What Florence Nightingale did for Mankind." It surely was a subject to inspire an orator, and Mr. Choate entered himself into it unreservedly. It would be impossible to indicate the range of the historical field which he covered, or to follow him through the many details of Florence Nightingale's early life and training, the fearful conditions in the armies and her work there, to the later incidents of her life and the wide-reaching results of the nursing movement which she initiated.

The nursing body is much indebted to Mr. Choate for his very comprehensive and understanding appreciation of the work of their great foundress, and the public generally for a most graceful and eloquent tribute to a world heroine.

Dr. Polk followed with an address on "The Influence of the Trained Nurse upon Developments in Medicine." Dr. Polk was one of the earliest supporters of the modern movement for intelligent scientific nursing of the sick—and is still one of our sanest and staunchest advisors. He is none the less earnestly listened to because he realises certain limitations and dangers in the field of nursing, but they are the limitations of narrow, personal aims and ignorance—rather than the dangers of "over education"—which we are so often warned against.

Near the close of the meeting the Chairman, Mr. Osborn, read a message which had just been sent Florence Nightingale from the Associated Nurses of America, saying that the many hundreds of nurses gathered together that evening sent her their greetings of love and devotion, and that they cherished her unperishable name and example as a guiding star in their work.

The Right Rev. Monsignor Lavelle, representing the Roman Catholic Archbishop of New York, closed with the benediction.

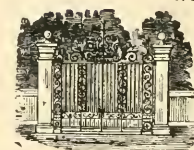
The evening was one to be long remembered—one of the notable events in modern nursing, remarkable for its simplicity, dignity, and impressiveness.

We are glad to note the *Indian Pioneer* is supporting the demand for the State Registration of Nurses. We find it stated—

"The registration of hospital-trained nurses in India would be a great benefit to the public and nurses alike, and surely it is time this registration was effected. Medical officers and public would then know when employing nurses who and what they were, and all fully-trained nurses would welcome anything which would definitely show their status. A better class of nurse would come forward if it was known that at the end of the training period nurses would have some sort of hall-mark, and not be classed with the unqualified, as they are now."

## Outside the Gates.

### WOMEN.



The new Regency Bill provides that if, on the demise of his present Majesty, whom God long preserve, any child of His Majesty succeeds to the Crown while under the age of eighteen years, Her Majesty Queen Mary shall be the guardian, and have the care and tuition of such child until the child reaches the age of eighteen. It goes on to enact that Her Majesty Queen Mary shall, until that time, have full power and authority in the name of the child, and under the style and title of Regent, to exercise and administer the Royal power and government of this realm and of the Dominions and Territories belonging to the Crown. Any other arrangement would have been most unpopular.

A demonstration in favour of the Conciliation Committee's Woman Suffrage Bill will be held at Queen's Hall on the evening of Tuesday, the 28th inst. The meeting is convened by the National Union and London Society for Women's Suffrage, and among the speakers will be the Earl of Lytton, Chairman of the Conciliation Committee. Lady Frances Balfour will take the chair, and Mrs. Henry Fawcett is also expected to speak.

Who that was present at the magnificent meeting at the Albert Hall last Saturday will ever forget its inspiration? It was remarkable not only because the greatest building in the Kingdom was filled to overflowing, but because of the spiritual force which pulsed through it, with a strength which must carry all before it.

The resolution of the evening, proposed from the chair by Mrs. Pankhurst, and seconded by the Earl of Lytton, was as follows:—"That this meeting calls upon the Government to grant 'facilities' for the Woman Suffrage Bill, now before Parliament, so that it may pass into law this session; and pledges itself, regardless of personal cost or sacrifice, to push forward the campaign for the emancipation of women until victory be won."

With one exception ("perhaps," remarked the Chairman, "Mr. F. E. Smith is present") the vast audience pledged itself enthusiastically to the resolution.

"Deeds not words" is the motto of the W.S.P.U., and the Treasurer, Mrs. Pethick Lawrence, reminded the meeting that "money speaks." It accepted the challenge, and contributed £5,200 to the war chest. Other speakers were Miss Christabel Pankhurst and Miss Annie Kenney, and the Chairman struck a note of hopefulness for many by remarking that, as soon as the Women's Suffrage Bill was passed, other legal reforms which had been waiting for long weary years for women's votes to push them through would soon become law.

**Book of the Week.****NORTHERN LIGHTS.\***

Last week we reviewed "Canadian Born"; the book under review this week also deals with Canada, but "Northern Lights," containing a collection of short stories by Sir Gilbert Parker, is too good to miss, and we advise our readers to secure it. The first story, "A Lodge in the Wilderness," is the story of the mating of a white man with an Indian woman—Mitiahwe, daughter of Ognita, the Swift Wing.

"Four years had come and gone, and all the tribe, and all who came and went, half-breeds, traders, and other tribes remarked how happy was the white man with his Indian wife. They never saw anything but light in the eyes of Mitiahwe, nor did the old women of the tribe who scanned her face as she came and went, and watched and waited too for what never came—not even after four years."

"Mitiahwe had been so happy that she had not really missed what never came; though the desire to have something in her arms which was part of them both had flushed up in her veins at times, and made her restless till her man had come home again. Then she had forgotten the unseen for the seen, and was happy that they were alone together—that was the joy of it all, so much alone together." But the time came when Mitiahwe longed for a child, not for her own sake only, but because she feared to lose her man.

Suddenly, with a light in her eyes, she ran to a corner of the lodge and from a leather bag drew forth a horse-shoe and put it over the door, for her man had told her "if the heart prays for a thing hid from all the world then it brings good luck." So with faith in her talisman she told Dingan that which he wished would come to pass, and that night, as he slept, she got quietly out, and going to the door of the lodge reached up a hand and touched the horse-shoe. "Be good medicine to me," she said. Then she prayed. "O sun pity me, that it may be as I have said to him. O pity me, great Father."

"In the days to come Swift Wing said that it was her medicine when her hand was burned to the wrist in the dark ritual she had performed with the Medicine Man the night that Mitiahwe fought for her man—but Mitiahwe said it was her medicine, the horse-shoe—which brought one of Dingan's own people to the lodge, a little girl with Mitiahwe's eyes and form and her father's face. Truth has many mysteries, and the faith of the woman was great; and so it was that, to the long end, Mitiahwe kept her man. But truly she was altogether a woman, and had good fortune."

There are many other stories—stories of the courage and prowess of white women in a country still primitive, where woman is not a useless member of society, but counts in the scheme of things. "The Stroke of the Hour," the tale of

how Loissette carried the reprieve which saved the life of an innocent man, and the story of "Buckmaster's Boy," are excellently told. Did Buckmaster really slay his boy's murderer, after all? The reader must decide.

Then there is the tale of the heroism of Jinny Long, who, on the night before what should have been her wedding day, shot the "Dog Nose Rapids"—an almost impossible task—in response to an appeal to her to save a man's life.

Finest of all, perhaps, is "The Stake and the Plumb-Line"—the tale of a wife in a thousand—of a man's successful struggle with the drink demon—of Jim Templeton's venture alone into the camp of the Cree, to bring to justice the chief responsible for the murder of a white trader. Arrowhead, the chief, surrendered to him, but a terrible storm enveloped Jim Templeton and Arrowhead the heathen, and in the awful struggle between man and nature that followed the captive became the leader. The red man had the craft of the plains, the inherent instinct, and guided his captor into camp; and when Jim, spent and exhausted, was well nigh dead, Arrowhead once more saved his life and took control of the situation—six white men under the command of a human murderer. The scene was dramatic, but as the minutes passed the colour came back to Jim's face, his eyes opened with a new light in them. He was saved by his Indian prisoner and comrade.

P. G. Y.

**COMING EVENTS.**

*June 25th.*—General Meeting, The League of St. Bartholomew's Hospital Nurses, Clinical Lecture Theatre, St. Bartholomew's Hospital, E.C., 3 p.m. Social Gathering, 4 p.m.

*June 28th.*—Demonstration in support of the Conciliation Women's Suffrage Bill, Queen's Hall, Langham Place, W. Chair, the Lady Frances Balfour, 8 p.m.

*June 30th.*—Meeting, Central Midwives' Board, Caxton House, S.W.

*July 1st.*—Association for Promoting the Training and Supply of Midwives. Annual Gathering of Midwives. By kind permission of Mrs. Penn, 42, Gloucester Square, Hyde Park, W. Badges to midwives will be presented. 3 p.m.

*July 7th.*—Meeting, Executive Committee, Society for the State Registration of Nurses, 431, Oxford Street, London, W., 4 p.m. Tea.

*July 11th.*—The Society of Women Journalists. Reception by the President, Lady McLaren, 43, Belgrave Square, S.W. 10 p.m.

*July 11th.*—East End Mothers' Home. Annual Meeting, The Mansion House, by kind permission of the Lord Mayor. 3 p.m.

*July 16th.*—Meeting of the Matrons' Council, General Hospital, Birmingham, 3 p.m. Meeting, Addresses on State Registration of Nurses, 4 p.m.

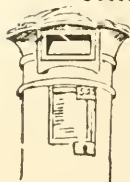
**WORD FOR THE WEEK.**

Victory!

Mrs. Pankhurst at the Albert Hall.

\* By Gilbert Parker. (Methuen and Co., 36, Essex Street, W.C.).

## Letters to the Editor.



Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in any way hold ourselves responsible for the opinions expressed by our correspondents.

### PROVIDENT NURSING.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—I should like to support the suggestion of your correspondent that friendly societies should add trained nursing to the benefits they offer to their members. Could not nurses who have the time, offer to address Friendly Societies on this subject, and explain to them the advantage it would be to them, and how often the poor have to pay now at high rates for services of so-called nurses whose ignorance is a positive danger to them.

Yours faithfully,

JUSTICE.

### THE FEEDING OF HOSPITAL NURSES.

To the Editor of the "British Journal of Nursing."

MADAM,—The Committee of the National Food Reform Association contemplate calling a Conference at an early date to discuss the feeding of nurses in hospitals and other institutions. In the arrangements for such a meeting, they are naturally anxious to secure the counsel and co-operation of some of the leading hospital and Poor Law Matrons, from whom, as well as from others interested, they would be glad to hear.

They would be much obliged if you would kindly give publicity to their intention in your columns.

Yours, etc.,

CHAS. E. HECHT, *Secretary*,

National Food Reform Association.

178, St. Stephen's House,

Victoria Embankment,

Westminster Bridge, London, S.W.

### MENTAL NURSING.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—I read with much interest Dr. Bernard Hollander's remarks on mental nursing in your issue of last week. His claim for nurses of general culture, as well as of high professional attainments, to care for the insane is entirely justified. In the past the sum of suffering to which the insane were subjected not only by callous mental attendants, but also from unintelligent narrow, and stupid ones must have been enormous.

Education more than anything else begets understanding and sympathy with persons of diverse opinions, but the nurse of limited education and circumscribed outlook, although excellent and worthy, is often a veritable blister to the genius whose reason is unstable, and who is mentally isolated when shut up with an uneducated attendant. It is very remarkable whenever a specialist speaks of the qualifications necessary for a nurse he or she claims that that special branch needs the best and highest type. We heard it reiterated over

and over again at the International Congress of Nurses last year. Whether the subject was hospital nursing, district nursing, school nursing, nursing in the army, abroad, or in the mission field, the cry was always the same—the opportunities of this branch are so great, its needs so unique that we need nurses of the highest standard, the best type. Proof conclusive it seems to me that the nursing profession needs educated gentlewomen to enter it in increasing numbers as probationers, and that the opportunities for them, when trained, are almost illimitable. To attract such women, it is manifest that the training of nurses must be put on a proper educational basis, not left to the sport of chance, as it is now under lay committees, and heads of training schools selected by them in the most haphazard fashion.

I am, dear Madam,

Yours faithfully,

THREE YEARS' CERTIFICATE.

### REFORMS IN OUR MINES.

To the Editor of the "British Journal of Nursing."

MADAM,—As there seems to be some prospect now of fresh regulations being made with regard to our mines, is it too much to hope that the welfare of the four-footed workers, the pit ponies, may also receive some consideration, and that they may be put under proper supervision? The admission that the number of inspectors is wholly insufficient to see that the present rules with regard to human workers are properly carried out certainly implies that they can have no time even to think of the ponies. A mass of evidence has been collected by the Equine Defence League, which shows that the conditions under which they are often called upon to work are horrible beyond description. Covered with sores and raw wounds, often lame, sometimes with an eye knocked out, or even in some cases quite blind, they are liable to be kicked and cuffed by the boys, and kept at their work sometimes as much as 20 hours at a stretch without food or even water. When we know the callousness with which horses are treated by some men above ground, where there is always the chance of being called to account, one may, unfortunately, form some opinion of the sort of treatment they may receive at the hands of rough men where there is little supervision and no public opinion to restrain them.

Mr. Churchill has a unique opportunity of instituting a beneficent and much-needed reform.

I remain, yours faithfully,

EDITOR, "ANIMALS' FRIEND."

## Notices.

### CHANGE OF DATE.

The meeting of the Matrons' Council of Great Britain and Ireland will be held at Birmingham on Saturday, July 16th, instead of Friday, July 15th, as previously announced. Information as to trains and railway fares will be sent early in July to members of the Council. A notice to the same effect will be published in this Journal on July 6th.

### OUR PUZZLE PRIZE.

Rules for competing for the Pictorial Puzzle Prize will be found on Advertisement page xii.



## The Midwife.

### An Inexpensive Home-Made Milk Refrigerator.

We commend to the attention of midwives and nurses the following article by Dr. Alfred F. Hess, of New York City, and published in the *Nurses' Journal of the Pacific Coast*. The simple contrivance herein described should be the means of preserving the lives of many infants in the hot weather.

Individuals and communities are now much interested in the question of pure milk for the infants of the poor. A more rigid supervision is gradually being enforced over all those who handle milk—the farmer, the dairyman, the wholesaler, and the retailer. Although these efforts cannot be too highly commended, too little stress has been laid on the importance of the care of the milk in the home of the consumer. No matter how carefully the milk has been obtained and guarded up to the time it is retailed, even if it is pasteurised or certified, it will be rendered unfit for food after standing in a room at summer heat for a few hours. That this is a real danger is known to all who have tended babies in the tenement houses in summer. Most of the people in poor circumstances have no ice or an insufficient supply, so that the milk is kept at a temperature of from 50 degs. to 70 degs. Fahr.

For some months I have been endeavouring to devise a simple and inexpensive means for keeping milk in summer—one that will be within the reach of the mother in the tenement house. After considerable experimenting, I can recommend the following box for this purpose:

An ordinary packing case was obtained: it had been made for bottled water, and measured on the inside 13 by 18 inches and was 11½ inches in depth. Sufficient sawdust was placed in this box to make a substantial layer on the bottom. On this was set a tin can, tall enough to hold a quart bottle of milk and 8 inches in diameter, and around this was placed a cylinder of tin a little larger in diameter than the can. The cylinder was then surrounded by sawdust. The lid of the can was, of course, left free. The ice box was completed by nailing about 50 layers of newspaper to the lid of the case. The total cost of such an apparatus is the cost of the tin can, which may be 25 or 50 cents, according to the quality. The box and sawdust can be obtained free from a grocer.

To test the value of the box, a quart of milk was placed in the can and surrounded by 6 or 7 pounds of ice; that is to say, less than 5 cents worth. The room temperature was 81 degs. Fahr. The efficacy of the refrigerator was demonstrated by the fact that twenty-four hours later the temperature of the water in the can was 33 degs. Fahr., the milk in the bottle 37 degs. Fahr., and that even after forty-five hours the temperature of the water had risen only to 50 degs. Fahr. and the milk to 52 degs. Fahr.

Numerous variations from this type of box were found to keep out the heat. A somewhat larger box was found more desirable. Excelsior may be substituted for sawdust. All that is necessary is that the can containing the ice be surrounded on all sides by a material which conducts heat poorly. Care should be taken that the can rests on sawdust and not directly on the wooden floor of the case. Should the case be rather shallow for the can newspapers should be laid between the two. To prevent rusting a little soda may be placed in the can every day.

The apparatus described above will keep two quart bottles of milk, or four eight-ounce feeding bottles. The great majority of mothers in the tenements keep the day's supply of milk in a quart bottle and possess but two or three nursing bottles. As the ideal method is to have as many bottles as there are feedings in the course of the day, it was determined to make such minor modifications in the ice box as would allow of this procedure. To this end a tin can was obtained which was 8½ inches in diameter and cost 30 cents. It was sufficiently large to admit a wire bottle holder costing 45 cents and containing eight bottles. A case 18 inches square was employed to hold it. The ice was cracked into smaller pieces than before. 6 or 7 pounds being used, and the wire holder with its bottles (previously cooled in running water) was then set on the surface of the ice, or rather gently pressed down into the ice. Within one hour the temperature of the milk fell from 67 degs. to 55 degs. Fahr., and continued to fall. After twenty-four hours it was at 39 degs. Fahr.

The bacterial content of the milk was 7,000 bacteria to the c.c. when it was obtained. After twenty-four hours the milk in the refrigerator had risen to 42,000 to the c.c. A sample of the same milk left at a temperature of 73 degs. Fahr. showed 12,360,000 bacteria to the c.c.



Will mothers take the trouble to improvise ice boxes of this description? From an experience with mothers who consult the dispensaries I can say that they are anxious to do all in their power to protect their babies. Many would be quick to profit from the lesson if they saw a model of the ice box, were told how cheaply it can be constructed, how it will economise ice, and, finally, how its employment will aid in saving the baby from an attack of the much-dreaded summer complaint. The cost of such ice boxes can be considerably reduced if they are made in large quantities, so that with private and municipal co-operation they could be supplied for much less than the above figures.

Refrigerators of this design, one and a half feet square by fourteen inches deep, have been distributed among the children's dispensaries, dairy kitchens, nurses' settlements, and kindred organisations in New York City, where they are being demonstrated to mothers. It is hoped that this article may encourage other communities to similar action in aid of the poor babies.

### Milk Depot.

At the Nurses' Settlement, New York, a daily supply of milk of an unusually high grade is received every morning, bottled under aseptic conditions, and sold at the market price. In case of need it is given without cost.

### Direct Representation.

A criticism made on the proposal for the direct representation of midwives on the Central Midwives Board is that none of the members of the Board are elected by this method. It is a curious plea to which the obvious reply is:—"Why should they be?" The Central Midwives' Board is not the Governing Body of the Medical Profession, or of County Councils, or of the other societies represented upon it, which would suffer no hardship if they were excluded, but the midwives, whose Governing Body it is, suffer a distinct wrong so long as any one of their number who desires to have a share in the government of her own profession may not do so. With regard to the objection that so many midwives are at present untrained that does not prevent their having the right to representation if they choose to exercise it. As a matter of practice it is found that illiterate and ignorant people do not as a rule make use of civic privileges, and it is not probable that a large

number of *bona-fide* midwives would desire to vote for a direct representative.

In regard to the method of voting, Lord Wolverhampton's Bill to amend the Midwives' Act provides that the Central Midwives' Board shall annually supply to every certified midwife a form on which she is required to send her name and address to the Board. What could be simpler than that once in three years a ballot paper for one or more direct representatives to be elected by the certified midwives on the Roll, should be issued at the same time?

"If there be first the willing mind" we can see no difficulty in providing the necessary machinery for the election of direct representatives.

The medical profession can and do vote for their own representatives; why not the midwives also?

We look forward to the day when objections will cease to be put forward, when we shall all "stop talking and begin to saw wood."

### Association of Inspectors of Midwives.

By kind invitation of Dr. Macrory, a meeting was held at 22, St. Stephen's Mansions, Westminster, S.W., on Saturday, June 4th, to draw up rules, etc., for the formation of the above Association, to be submitted to a general meeting, which it was proposed should be held in London on the last Saturday in September.

Any Inspector who wishes to become a member should write for particulars to Miss du Sautoy, 16, Elm Grove, Taunton.

### The Central Midwives' Board.

#### EXAMINATION PAPER.

June 15th, 1910.

1. Where is the female bladder? What other structures are in close relation with it? What are the signs that it is overfull? What are the causes of this condition, and how would you remedy it?
2. A woman has been in labour for six hours. On vaginal examination "no presentation can be made out." What are the causes which lead to such a condition, and what is your duty with regard to it?
3. Describe the symptoms of shock following severe post partum hæmorrhage, and state how you would treat it.
4. What questions should be asked and what points should be observed on the first two visits during the lying-in?
5. What are the causes of cracked nipples, and how would you treat this condition when it arises?
6. What are the directions of the Central Midwives' Board with regard to the prevention of inflammation of the eyes in new-born children?











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